

Claim #: 640407128904 Name: JOHN MAGEE
Status: Ended

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[UB32] - On 12/15/2006 11:12 - For 640407128904

061212000248

[UB32] - On 12/15/2006 11:13 - For 640407128904

OUTGOING CALL TO CLAIMANT

CM LEFT VOICE MESSAGE WITH EE REGARDING A LETTER EE WROTE TO METLIFE
ABOUT HIS LTD CLAIM. CM LEFT 800 # FOR C/B.

[US95] - On 12/15/2006 14:36 - For 640407128904

Call-Up For: [RCCW] - On 12/15/2006 Call-Up Complete: [UB32] - On 12/15/2006

CALL BACK REQUEST TO CASE MANAGER (M)

UB32 XFER EE

EE RETURNING CALL TO CM

585 624 9306

[UB32] - On 12/15/2006 15:08 - For 640407128904

OUTGOING CALL TO CLAIMANT

RETURNING RCCW CALL...CM STATED THAT METLIFE RECEIVED A LETTER FROM
THE EE DATED: DECEMBER 6, 2006.

CM STATED THAT NO FURTHER INFORMATION WAS RECEIVED AFTER 8/3/06.

CM STATED HE IS FOLLOWING THE KODAK PLAN BOOKLET NOT ITT. SINCE EE
WENT OUT OF ORK BEFORE 1/1/06, HE NEEDS TO CONTACT KODAK FOR THE
PLAN BOOKLET. EE STATED HE CONTACTED KODAK AND THEY SENT HIM TO ITT.
ITT SENT HIM THE PLAN BOOKLET BUT IT WAS ITT'S PLAN BOOKLET. CM GAVE
EE E-MAIL ADDRESS AND PHONE NUMBER OF KODAK BENEFIT DEPT. KODAK'S
BENEFIT INFORMATION OFFICE AT 1-866-308-4576 OR E-MAIL AT
WWW-HRSERVICES@KODAK.COM.

EE GAVE VERBAL AGREEMENT FOR AN APPEAL. EE WOULD LIKE METLIFE TO
START THE APPEALS PROCESS AND HE WILL BE SUBMITTING FURTHER MEDICAL
INFORMATION FOR THE APPEALS REVIEW.

[UB32] - On 12/15/2006 15:12 - For 640407128904

Call-Up For: [APUT] - On 12/15/2006 Call-Up Complete: [UH27] - On 12/18/2006

REFERRAL TO APPEALS - INITIAL APPEAL

EE GAVE VERBAL AGREEMENT FOR AN APPEAL. EE WOULD LIKE METLIFE TO
START THE APPEALS PROCESS AND HE WILL BE SUBMITTING FURTHER MEDICAL
INFORMATION FOR THE APPEALS REVIEW.

[UH27] - On 12/18/2006 11:35 - For 640407128904

Call-Up For: [UB32] - On 12/18/2006 Call-Up Complete: [UB32] - On 12/20/2006

REFERRAL TO CASE MANAGER (M)

PLEASE HANDLE, PLEASE SEND INTENT LTR TO EE (NEED WRITTEN APPEAL)
KPAVESE, FE

[UB32] - On 12/20/2006 11:46 - For 640407128904

OUTGOING CALL TO CLAIMANT

CM SPOKE TO EE AND STATED HE NEEDS TO SUBMIT IN WRITING THE APPEAL.
EE STATED IN AUGUST 2006 HE SENT METLIFE A LETTER STATING HE IS
APPEALING. CM STATED HE WILL FORWARD THE LETTER TO THE APPEALS DEPT.
EE SAID OK.

[UB32] - On 12/20/2006 11:47 - For 640407128904

Call-Up For: [APUT] - On 12/20/2006 Call-Up Complete: [UH27] - On 12/22/2006

REFERRAL TO APPEALS - INITIAL APPEAL

PLEASE REFER TO DCN: 060807005830. EE WROTE HE WOULD LIKE AN APPEAL.
THANK YOU.

ML0056

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[UH27] - On 12/22/2006 13:22 - For 640407128904

Call-Up For: [UH27] - On 12/26/2006 Call-Up Complete: [UH27] - On 12/28/2006

CLAIM SUPPORT ACTION NEEDED

F/U W/CM RE APPEAL

KPAVESE, FE

[UH27] - On 12/28/2006 08:27 - For 640407128904

Call-Up For: [UB32] - On 12/28/2006 Call-Up Complete: [UB32] - On 01/02/2007

REFERRAL TO CASE MANAGER (M)

FYI APPEAL RECEIVED & SENT FOR REVIEW

KPAVESE, FE

[UH27] - On 12/28/2006 08:27 - For 640407128904

OUTGOING CORRESPONDENCE

APPEAL ACK LTR TO EE

KPAVESE, FE

[CG51] - On 12/29/2006 11:52 - For 640407128904

Call-Up For: [U230] - On 01/02/2007 Call-Up Complete: [U230] - On 01/05/2007

APPEAL ACTION NEEDED (M)

NEW APPEAL

[ACS1] - On 01/02/2007 09:47 - For 640407128904

OGC INDEX DCN 061229021750

[UE95] - On 01/03/2007 10:59 - For 640407128904

Call-Up For: [UB32] - On 01/03/2007 Call-Up Complete: [UB32] - On 01/08/2007

INFO RECEIVED FOR CASE MANAGEMENT (M)

EE CALLED IN ABOUT A LTR HE RECEIVED FROM US

HE MENTIONED THAT HE DOESNT WANT THE APPEAL TO START UNTIL HE SENDS

IN ADDITIONAL MEDICAL INFO

EE STATED HE NEEDS ADDITIONAL TIME TO SEND IN MORE MEDICAL AND THAT

IT WOULD BE SENT IN BY THE END OF THE MTH

HIS FATHER IN LAW JUST PASSED AND HE IS HAVING DIFFICULTY GETTING IN

ALL THE INFO NEEDED FOR THE CLAIM

[U230] - On 01/05/2007 15:23 - For 640407128904

Call-Up For: [XX86] - On 01/05/2007 Call-Up Complete: [UU22] - On 01/08/2007

REFERRAL TO SUPPORT - APPEALS (M)

APPEAL PRINT REQUEST BY SS NUMBER. THANK YOU. JMARTIN/AS

[U230] - On 01/05/2007 15:25 - For 640407128904

Call-Up For: [U230] - On 01/05/2007 Call-Up Complete: [U230] - On 01/08/2007

APPEAL SUMMARY (M)

CLM TERMINATED AS NOT TO ANY AND ALL

PLAN IS ERISA, METLIFE IS THE FIDUCIARY, ONE LEVEL OF REVIEW,

RESEARCH PLAN AVAILABILITY AND JD. JMARTIN/AS

[UB32] - On 01/08/2007 10:42 - For 640407128904

Call-Up For: [U230] - On 01/08/2007 Call-Up Complete: [U230] - On 01/08/2007

INFO RECEIVED FOR APPEALS

FYI.....EE CALLED IN ABOUT A LTR HE RECEIVED FROM US

HE MENTIONED THAT HE DOESNT WANT THE APPEAL TO START UNTIL HE SENDS

IN ADDITIONAL MEDICAL INFO

EE STATED HE NEEDS ADDITIONAL TIME TO SEND IN MORE MEDICAL AND THAT

IT WOULD BE SENT IN BY THE END OF THE MTH

HIS FATHER IN LAW JUST PASSED AND HE IS HAVING DIFFICULTY GETTING IN

ALL THE INFO NEEDED FOR THE CLAIM

[U230] - On 01/08/2007 15:36 - For 640407128904

Call-Up For: [U230] - On 01/11/2007 Call-Up Complete: [U230] - On 01/19/2007

OUTGOING CALL TO CLAIMANT

TO CONTINUE APPROXIMATELY WHEN THE MEDICAL WILL BE RECEIVED. HE HAS

ML0057

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[U230] - On 01/08/2007 15:36 - For 640407128904

Call-Up For: [U230] - On 01/11/2007 Call-Up Complete: [U230] - On 01/19/2007
NO IDEA DUE TO TESTING TAKING PLACE, DEATH IN THE FAMILY. HE JUST
MAILED OUT LETTER. I WILL REPLY BACK TO YOU ONCE I GET THE LETTER.
HE THANKED ME. JMARTIN/AS

[X058] - On 01/08/2007 16:24 - For 640407128904

Call-Up For: [X058] - On 05/08/2007 Call-Up Complete: [X058] - On 05/11/2007
OVERPAYMENT ACTION NEEDED
FU FOR CLAIM STATUS. EE APPEALING. CMIELNICKI OPCM

[ACS1] - On 01/12/2007 11:18 - For 640407128904

Call-Up For: [UB32] - On 01/12/2007 Call-Up Complete: [UB32] - On 01/18/2007
OTHER INDEX DCN 070111000276

[UB32] - On 01/18/2007 14:32 - For 640407128904

DCN SUMMARY
LETTER FROM EE, UNFORTUNATELY THE ENVELOPE WAS SCANNED ON TOP OF THE
LETTER SO IT IS UNREADABLE.....OTHER INDEX DCN 070111000276

[UB32] - On 01/18/2007 14:32 - For 640407128904

Call-Up For: [U230] - On 01/18/2007 Call-Up Complete: [U230] - On 01/25/2007
REFERRAL TO APPEALS
LETTER FROM EE, UNFORTUNATELY THE ENVELOPE WAS SCANNED ON TOP OF THE
LETTER SO IT IS UNREADABLE.....OTHER INDEX DCN 070111000276

[U230] - On 01/25/2007 10:40 - For 640407128904

Call-Up For: [U230] - On 01/26/2007 Call-Up Complete: [U230] - On 01/30/2007
APPEAL ACTION NEEDED (M)
REQUESTED ORIGINAL DOCUMENT. FU. JMARTIN/AS

[U230] - On 01/29/2007 06:51 - For 640407128904

Call-Up For: [U230] - On 02/10/2007 Call-Up Complete: [U230] - On 02/05/2007
APPEAL DECISION DUE
45TH DAY IS 2/16/07 SEND EXT LTR IF NECESSARY. JMARTIN/AS

[ACS1] - On 01/29/2007 10:00 - For 640407128904

Call-Up For: [UB32] - On 01/29/2007 Call-Up Complete: [UB32] - On 02/02/2007
OTHER INDEX DCN 070126046558

[UB32] - On 02/02/2007 13:16 - For 640407128904

DCN SUMMARY
LETTER FROM EE REGARDING HIS APPEAL AND A COPY OF THE PLAN
BOOKLET.....OTHER INDEX DCN 070126046558

[UB32] - On 02/02/2007 13:20 - For 640407128904

OUTGOING EMAIL - EMPLOYER
FOR COPY OF PLAN BOOKLET TO BE SENT TO EE....
PETER R KNOTH/INS/METLIFE/US
02/02/2007 01:19 PM
TO
JOAN.POWELL@KODAK.COM
CC
KEECH.LIBUNAO@PH.IBM.COM, MARIAMARGARITA.MIRANDA@KODAK.COM
SUBJECT
PLAN BOOKLET REQUEST FOR JOHN MAGEE, EMP ID #: 620820

JOAN,

JOHN MAGEE IS IN THE PROCESS OF HIS APPEAL. HE IS AN EMPLOYEE

ML0058

Diary Review - Report

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[UB32] - On 02/02/2007 13:20 - For 640407128904

WHO USED TO WORK FOR KODAK, BUT WAS LATER EMPLOYED BY ITT CORPORATION IN THE BUY-OUT. HE HAS ASKED METLIFE ON MANY OCCASIONS FOR A COPY OF HIS PLAN BOOKLET. I HAVE TOLD HIM OVER AND OVER AGAIN TO GO THROUGH KODAK'S BENEFIT DEPARTMENT FOR A COPY OF THE PLAN BOOKLET. HE RECENTLY SENT ME A LETTER STATING HE SPOKE TO THE BENEFITS DEPARTMENT AT KODAK ON DECEMBER 15, 2006 AND THEY SAID HE SHOULD RECEIVE THE PLAN BOOKLET IN 5 BUSINESS DAYS. HE STILL HAS NOT RECEIVED THE PLAN BOOKLET. CAN YOU PLEASE SEND HIM A COPY OF THE PLAN BOOKLET TO:

JOHN MAGEE
71 ONTARIO ST.
HONEOYE FALLS, NY 14472

THANK YOU,
PETER KNOTH

[UB32] - On 02/02/2007 13:25 - For 640407128904

OUTGOING CALL TO CLAIMANT
REGARDING PLAN BOOKLET. CM STATED HE E-MAILED KODAK FOR A COPY OF THE PLAN BOOKLET TO BE SENT TO THE EE.

EE ALSO ASKED ABOUT THE APPEAL. EE STATED HE HAS AN APPT FOR A STRESS TEST ON MARCH 1ST AND 2ND. EE ASKED IF HE WOULD HAVE EXHAUSTED HIS APPEAL TIME. CM STATED HE WILL HAVE TO REFER THAT QUESTION TO THE APPEALS SPECIALIST. CM STATED EE DOES HAVE 180 DAYS FROM RECEIPT OF TERMINATION LETTER FOR THE APPEAL. EE ASKED IF APPEALS SPECIALIST COULD CALL EE BACK. CM STATED HE WILL REFER CALL TO APPEALS SPECIALIST.

[UB32] - On 02/02/2007 13:28 - For 640407128904

OUTGOING CALL TO OTHER
VOICE MESSAGE LEFT FOR APPEALS SPECIALIST TO CALL EE BACK REGARDING THE STRESS TEST ON MARCH 1ST AND 2ND AND THE TIMEFRAME FOR THE APPEAL.

[U230] - On 02/05/2007 10:45 - For 640407128904

Call-Up For: [U230] - On 03/05/2007 Call-Up Complete: [U230] - On 03/06/2007

OUTGOING CALL TO CLAIMANT
ADVISED CLMT THAT AN ADDITIONAL 30 DAYS FROM TODAY HAS BEEN GRANTED AND A LETTER WILL BE SENT TO HIM TODAY. HE THANKED ME. JMARTIN/AS

[ACS1] - On 02/07/2007 16:59 - For 640407128904

OGC INDEX DCN 070206021179

[U230] - On 03/05/2007 15:02 - For 640407128904

Call-Up For: [APNC] - On 03/05/2007 Call-Up Complete: [C013] - On 03/07/2007

REFERRAL TO CLINICAL (M)
MATRIX 12
MANDATORY DX, CHRONIC FATIGUE SYNDROME. THANK YOU. JMARTIN/AS

[U230] - On 03/06/2007 15:11 - For 640407128904

Call-Up For: [U230] - On 03/06/2007 Call-Up Complete: [U230] - On 03/08/2007

APPEAL ACTION NEEDED (M)
FU WITH NC IF NO RESPONSE. JMARTIN/AS

[C013] - On 03/07/2007 15:38 - For 640407128904

Call-Up For: [U230] - On 03/07/2007 Call-Up Complete: [U230] - On 03/08/2007

RESPONSE TO APPEALS (M)
NC APPEAL REVIEW COMPLETED, CLINICAL MATRIX # 12, REFER TO INFECTIOUS DISEASE SPECIALIST, SEE NC ENTRY BELOW

REFERRAL TO CLINICAL (M)

ML0059

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[C013] - On 03/07/2007 15:38 - For 640407128904

Call-Up For: [U230] - On 03/07/2007! Call-Up Complete: [U230] - On 03/08/2007

MATRIX 12
MANDATORY DX, CHRONIC FATIGUE SYNDROME. THANK YOU. JMARTIN/AS
SEE 5/7/06 DIARY SUMMARY OF PFR REPORT NMR, DR PAYNE, RHEUMATOLOGIST AND IM, SEE ALSO ADDENDUM REPORT
NC REVIEWED DIARY AND NOTES EE ALSO OOW DUE TO MDD, RECURRENT AS WELL AS CFS AND ORTHOSTATIC HYPOTENSION
DLW: 11/26/03, DOD: 11/27/03, CED: 08/31/2006, DETERMINED NOT DISABLED ANY OCCUPATION
DEFINITION OF DISABILITY: ANY AND ALL
EMPLOYER: ITT INDUSTRIES
JOB TITLE/CLASS: PROGRAM ASSURANCE MANAGER
INFORMATION REVIEWED BY CLINICAL SPECIALIST FOR CLAIM DIRECTION: BY DR. ALICE TARIOT T# 585-586-1600, FAX # 585-586-7951
PCS OPINED THAT MEDICAL DOES NOT SUPPORT A GLOBAL SEVERITY OF AT THIS TIME BASED ON EE'S SECONDARY DIAGNOSIS OF MAJOR DEPRESSION.
NC REVIEW ASSESSMENT/RECOMMENDATION: THERE IS A PSYCHIATRIC FORM 4/06 ACCOMPANIED BY THE LATEST PSYCHIATRIC TX NOTE, DATED 12/15/05. THERE IS A LETTER FROM EE'S THERAPIST IN 06, INDICATING THAT THE EE MUST OFTEN CANCEL THERAPY SESSIONS DUE TO HIS REPORTED PHYSICAL SYMPTOMS OF EXHAUSTION AND PAIN.
NC WAS UNABLE TO LOCATE ANY MORE CURRENT PSYCHIATRIC TREATMENT RECORDS OR CURRENT CLAIM OF IMPAIRMENT SECONDARY TO A PSYCHIATRIC CONDITION. THE PRIMARY DISABLING CONDITION IS REPORTED AS CFS. EE ALSO HAS COMORBID OF ORTHOSTATIC HYPOTENSION AND HX OF MDD/RECURRENT.
NC RECOMMENDS A REFERRAL TO AN INFECTIOUS DISEASE SPECIALIST WHO IS ALSO BOARD CERTIFIED IN INTERNAL MEDICINE, TO EVALUATE THE MEDICAL AND INFORMATION, AS IT RELATES TO AN ASSESSMENT OF FUNCTION, IMPAIRMENT AND R/L'S, RELATED TO THE PERIOD IN QUESTION BEYOND 8/31/06.
DOES THE MEDICAL CORRELATE TO THE DIAGNOSIS AND MEET THE LATEST CDC CRITERIA FOR THIS SYNDROME ?
DOES THE MEDICAL INFORMATION SUPPORT FUNCTIONAL LIMITATIONS OR RESTRICTIONS (PHYSICAL) BEYOND 8/31/06 ?
FUNCTIONAL LIMITATIONS INCLUDE ANY REDUCTION IN ABILITY TO WORK FULL TIME.
IF YES:
A. SPECIFY THE TYPES OF LIMITATIONS THE CLAIMANT WOULD HAVE:
B. DESCRIBE THE SPECIFIC, CLINICAL FINDINGS/DATA NOTED IN THE RECORDS IN SUPPORT OF FUNCTIONAL LIMITATIONS: PLEASE LIST EACH DOCUMENT REFERRED TO ABOVE INCLUDING
PROVIDER'S NAME
SPECIALTY
DATE OF VISIT
CLINICAL FINDINGS
IF NO:
C. PLEASE DESCRIBE USING ABOVE FORMAT
DOES THE RECORD REFLECT WHAT THE EE'S ADL CAPACITY IS AND DOES IT CORRELATE TO THE SYMPTOMS AND CONDITION BEYOND 8/31/06 ? WHAT IS THE PROVIDERS ASSESSMENT OF EE'S ADL CAPACITY AFTER 8/31/06 TO CURRENT ?
PROVIDER CONTACT IS RECOMMENDED TO DISCUSS THE MEDICAL AS IT RELATES TO AN ASSESSMENT OF FUNCTION, IMPAIRMENT AND R/L'S FOR THE PERIOD BEYOND 8/31/06, PROVIDER: DR DAVID BELL T# 585-765-2060
GVICKERY NC

[C013] - On 03/07/2007 15:59 - For 640407128904

Call-Up For: [U230] - On 03/07/2007! Call-Up Complete: [U230] - On 03/08/2007

RESPONSE TO APPEALS (M)
NC ADDENDUM REVIEW ENTRY
WHILE NC NOTED DIARY, AS INDICATED BELOW, TO DATE, NO CURRENT INFORMATION WAS LOCATED BY NC RELATING TO A STRESS TEST, IF

ML0060

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[C013] - On 03/07/2007 15:59 - For 640407128904

Call-Up For: [U230] - On 03/07/2007 Call-Up Complete: [U230] - On 03/08/2007

ADDITIONAL MEDICAL IS PROVIDED RELATING TO ANOTHER CONDITION
FOR WHICH EE SOUGHT TREATMENT RELATING TO THE PERIOD IN QUESTION
BEYOND 8.31.06 THEN CONSULT WITH NC FOR FURTHER REVIEW AND
DIRECTION. WOULD NEED ALL RELATED MEDICAL FOR OTHER CONDITIONS BEING
CLAIMED, AND AS RELATES TO THE PERIOD UNDER REVIEW.

OUTGOING CALL TO OTHER
VOICE MESSAGE LEFT FOR APPEALS SPECIALIST TO CALL EE BACK REGARDING
THE STRESS TEST ON MARCH 1ST AND 2ND AND THE TIMEFRAME FOR THE
APPEAL.

GVICKERY NC

[U230] - On 03/08/2007 08:55 - For 640407128904

Call-Up For: [U230] - On 03/09/2007 Call-Up Complete: [U230] - On 03/12/2007

OUTGOING CORRESPONDENCE
REQ IPC/PFR INFECTIOUS DZ BOARD CERT IM. PU. JMARTIN/AS

[ACS1] - On 03/08/2007 10:46 - For 640407128904

Call-Up For: [UB32] - On 03/08/2007 Call-Up Complete: [UB32] - On 03/15/2007

MED/VOC INDEX DCN 070307F08808

[US82] - On 03/08/2007 11:52 - For 640407128904

Call-Up For: [UB32] - On 03/08/2007 Call-Up Complete: [UB32] - On 03/15/2007

INFO RECEIVED FOR CASE MANAGEMENT (M)
EE CALLED IN ABOUT THE CLAIM.
VERIFIED ON ACS THAT THE DOCUMENT WAS RECEIVED.

ADVISED CALLER OF THE TIME PERIOD FOR REVIEW OF THE MEDICAL.

EE STATED THAT HE SNET A PACKAGE OVER NIGHT CSC CONFIRMED THE PO BOX
AND ADVISED OF THE CLAIM NUM

[UG48] - On 03/08/2007 13:14 - For 640407128904

RESPONSE TO APPEALS (M)
PLEASE SEND FILE TO REED FOR PFR - KHERRIN

[ACS1] - On 03/08/2007 13:46 - For 640407128904

Call-Up For: [UB32] - On 03/08/2007 Call-Up Complete: [UB32] - On 03/15/2007

MED/VOC INDEX DCN 070308F05267

[ACS1] - On 03/08/2007 14:16 - For 640407128904

Call-Up For: [UB32] - On 03/08/2007 Call-Up Complete: [UB32] - On 03/15/2007

APPEAL MAIL DCN 070308003416

[US86] - On 03/09/2007 18:53 - For 640407128904

Call-Up For: [UB32] - On 03/09/2007 Call-Up Complete: [UB32] - On 03/15/2007

INFO RECEIVED FOR CASE MANAGEMENT (M)
EE CALLED
ADVISED WE RECIEVED 66 PAGES OF MED FROM HIM, AND 7 FROM DR BELL. EE
ADVISED THAT IS ALL HE IS SENDING AND TO BEGIN APPEAL PROCESS.

[U230] - On 03/12/2007 15:36 - For 640407128904

Call-Up For: [U230] - On 03/20/2007 Call-Up Complete: [U230] - On 03/19/2007

APPEAL ACTION NEEDED (M)
FOR INFECTIOUS DZ REPORT. JMARTIN/AS

[UG48] - On 03/13/2007 10:25 - For 640407128904

CLAIM COMMENT (M)
PFR SENT TO REED 3/12/07

ML0061

Diary Review - Report

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[UG48] - On 03/13/2007 10:25 - For 640407128904

Call-Up For: [U003] - On 03/14/2007 Call-Up Complete: [U003] - On 03/14/2007

CLAIM SUPPORT ACTION NEEDED

F/U DTE REED

[U230] - On 03/13/2007 10:35 - For 640407128904

INCOMING CALL (M)

DILLON AT REED NO IF/IM AVAILABLE ONLY IF. IF/IM NOT AVAILABLE FOR
 AWHILE. HE WILL BE SENDING FILE BACK TO MICHEL'S ATTN. I THANKED
 HIM. JMARTIN/AS

[ACS1] - On 03/14/2007 10:47 - For 640407128904

MED/VOC INDEX DCN 070313028436

[U003] - On 03/14/2007 12:03 - For 640407128904

CLAIM COMMENT (M)

PFR SENT TO NMR

[U003] - On 03/14/2007 12:03 - For 640407128904

Call-Up For: [U003] - On 03/16/2007 Call-Up Complete: [U003] - On 03/16/2007

CLAIM SUPPORT ACTION NEEDED

F/U DTE NMR

[UB32] - On 03/15/2007 12:46 - For 640407128904

Call-Up For: [U230] - On 03/15/2007 Call-Up Complete: [U230] - On 03/19/2007

INFO RECEIVED FOR APPEALS

INFORMATION RECEIVED FOR APPEAL.....

APPEAL MAIL DCN 070308003416

MED/VOC INDEX DCN 070307F08808

MED/VOC INDEX DCN 070308F05267

[U003] - On 03/16/2007 07:16 - For 640407128904

Call-Up For: [U230] - On 03/21/2007 Call-Up Complete: [U230] - On 03/27/2007

REFERRAL TO APPEALS

EXPECTED DATE OF COMPLETION FOR PFR REPORT IS 3/21/07

[U003] - On 03/16/2007 07:17 - For 640407128904

Call-Up For: [U003] - On 03/22/2007 Call-Up Complete: [U003] - On 03/23/2007

CLAIM SUPPORT ACTION NEEDED

F/U REPORT NMR

[ACS1] - On 03/23/2007 09:24 - For 640407128904

Call-Up For: [U230] - On 03/23/2007 Call-Up Complete: [U230] - On 03/29/2007

MED/VOC INDEX DCN 070322F08378

[U230] - On 03/29/2007 11:30 - For 640407128904

Call-Up For: [U230] - On 04/15/2007 Call-Up Complete: [U230] - On 04/20/2007

APPEAL ACTION NEEDED (M)

HCP PROCESS PFR REPORT FAXED TO DR BELL FOR REVIEW AND COMMENT

FU RETURN AND EITHER DO LTD CLAIM DISCUSSION OR MAKE A DETERMINATION

ALSO SENT A LETTER TO CLMT ADV THAT THE REPORT HAS BEEN SENT TO HER

DR. AND TO FU. JMARTIN/AS+

[U230] - On 03/30/2007 09:02 - For 640407128904

OUTGOING CORRESPONDENCE

SENT LTR TO CLMT ADV PFR REPORT WENT TO HIS AP. JMARTIN/AS

ML0062

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[ACS1] - On 04/03/2007 13:07 - For 640407128904

OGC INDEX DCN 070402055599

[ACS1] - On 04/03/2007 13:07 - For 640407128904

OGC INDEX DCN 070402055609

[ACS1] - On 04/03/2007 13:07 - For 640407128904

OGC INDEX DCN 070402055610

[ACS1] - On 04/03/2007 13:09 - For 640407128904

OGC INDEX DCN 070402055585

[ACS1] - On 04/03/2007 13:09 - For 640407128904

OGC INDEX DCN 070402055587

[UX83] - On 04/04/2007 13:13 - For 640407128904

Call-Up For: [UR53] - On 04/04/2007 Call-Up Complete: [UB45] - On 04/12/2007

INFO RECEIVED FOR CASE MANAGEMENT (M)

IPC REPORTED REQUEST BY EE

EE WOULD LIKE A COPY OF IPC REPORT TO BE MAILED TO HIM

MAILING VERIFIED:

71 ONTARIO ST

HONEYE FALLS, NY 144721123

[XH94] - On 04/09/2007 15:11 - For 640407128904

Call-Up For: [UR53] - On 04/09/2007 Call-Up Complete: [UB45] - On 04/12/2007

INFO RECEIVED FOR CASE MANAGEMENT (M)

EE CALLED REQUESTING LETTER OF IPC REPORT ON 04/04/2007 AND IT HAS NOT BEEN RECVD, EE IS REQUESTING THAT ML MAKE THIS AVAILABLE ASAP

SEE 04/04/2007 FOR CORRECT ADDRESS

[UB45] - On 04/12/2007 13:21 - For 640407128904

Call-Up For: [ACSR] - On 04/12/2007 Call-Up Complete: [XN14] - On 04/12/2007

RESEARCH CALL REQUEST - EASTERN TIME (M)

EE DATA

PLEASE CALL EE PH# 585-624-9306

PLEASE ADVISE THAT NEED THE REQUEST IN WRITING TO RELEASE ANY MEDICAL INFORMATION DUE TO HIPPA LAWS.

PLEASE HAVE EE FAX TO ML AND CM WILL TAKE CARE OF IMMEDIATELY.

FAX# 800-230-9531 AND PLEASE INCLUDE CLAIM#.

[XN14] - On 04/12/2007 19:55 - For 640407128904

Call-Up For: [UB45] - On 04/12/2007 Call-Up Complete: [UB45] - On 04/18/2007

OUTGOING CALL TO CLAIMANT

RESEARCH CALL RESULTS 1ST ATTEMPT: UNSUCCESSFUL

CALLED EE @ 753PM EST TO 585-624-9306

EE NOT AVAILABLE, VM DID NOT PICK UP TO LEAVE MSG.

RESEARCH CALL REQUEST - EASTERN TIME (M)

EE DATA

PLEASE CALL EE PH# 585-624-9306

PLEASE ADVISE THAT NEED THE REQUEST IN WRITING TO RELEASE ANY MEDICAL INFORMATION DUE TO HIPPA LAWS.

PLEASE HAVE EE FAX TO ML AND CM WILL TAKE CARE OF IMMEDIATELY.

FAX# 800-230-9531 AND PLEASE INCLUDE CLAIM#.

ML0063

Diary Review - Report

Claim #: 640407128904 Name: JOHN MAGEE

Oct 26, 2007

Status: Ended

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[XN14] - On 04/12/2007 19:55 - For 640407128904

Call-Up For: [UB45] - On 04/12/2007 Call-Up Complete: [UB45] - On 04/18/2007

[ACS1] - On 04/13/2007 16:32 - For 640407128904

Call-Up For: [U230] - On 04/13/2007 Call-Up Complete: [U230] - On 04/20/2007

MED/VOC INDEX DCN 070413F07741

[UB45] - On 04/18/2007 11:11 - For 640407128904

Call-Up For: [ACSR] - On 04/18/2007 Call-Up Complete: [XF06] - On 04/18/2007

RESEARCH CALL REQUEST - EASTERN TIME (M)

EE DATA

PLEASE CALL EE PH# 585-624-9306

PLEASE ADVISE THAT NEED THE REQUEST IN WRITING TO RELEASE ANY
MEDICAL INFORMATION DUE TO HIPPA LAWS.

PLEASE HAVE EE FAX TO ML AND CM WILL TAKE CARE OF IMMEDIATELY.

FAX# 800-230-9531 AND PLEASE INCLUDE CLAIM#.

[XF06] - On 04/18/2007 14:58 - For 640407128904

OUTGOING CALL TO CLAIMANT

RESEARCH CALL RESULTS 1ST ATTEMPT TO EE;

UNSUCCESSFUL, CALLED EE @ 255PM EST/EST TO 585-624-9306. LEFT VM

MESSAGE ADVISING THE EE TO CONTACT ML @ 800 300 4296,

AND REF CLM# TO PROVIDE ADDITIONAL INFO NEEDED.

RESEARCH CALL REQUEST - EASTERN TIME (M)

EE DATA

PLEASE CALL EE PH# 585-624-9306

PLEASE ADVISE THAT NEED THE REQUEST IN WRITING TO RELEASE ANY
MEDICAL INFORMATION DUE TO HIPPA LAWS.

PLEASE HAVE EE FAX TO ML AND CM WILL TAKE CARE OF IMMEDIATELY.

FAX# 800-230-9531 AND PLEASE INCLUDE CLAIM#.

[XF06] - On 04/18/2007 14:58 - For 640407128904

Call-Up For: [ACS2] - On 04/19/2007 Call-Up Complete: [UR53] - On 04/18/2007

RESEARCH CALL REQUEST - EASTERN TIME (M)

2ND CALL TO EE

EE DATA

PLEASE CALL EE PH# 585-624-9306

PLEASE ADVISE THAT NEED THE REQUEST IN WRITING TO RELEASE ANY
MEDICAL INFORMATION DUE TO HIPPA LAWS.

PLEASE HAVE EE FAX TO ML AND CM WILL TAKE CARE OF IMMEDIATELY.

FAX# 800-230-9531 AND PLEASE INCLUDE CLAIM#.

[UF12] - On 04/18/2007 15:05 - For 640407128904

Call-Up For: [UR53] - On 04/18/2007 Call-Up Complete: [UR53] - On 04/18/2007

INFO RECEIVED FOR CASE MANAGEMENT (M)

EE RETURNED CALL

ADV OF CLAIM NOTE

EE STATED HE NO LONGER NEEDS THE INFO IT IS TOO LATE

[U230] - On 04/20/2007 13:57 - For 640407128904

APPEAL SUMMARY (M)

SUMMARY OF LETTER FROM DR BELL

HE INDICATED THAT THE IPC WE UTILIZED, DR MASLOW MAY NOT HAVE READ
HIS REPORTS OR IF HE DID READ THEM, PERHAPS HE WAS UNFAMILIARY WITH
THE DX OF CFS. DR BELL INDICATED THAT DR MASLOW LACK INSIGHT AS WELL
INTO THIS DISEASE. DR BELL BELIEVES THIS INDICATES THAT DR MASLOW IS
BIASED AND DR BELL IS DISAPPOINTED. ALONG WITH THIS WERE

PAGES OF DR BELL'S CV. JMARTIN/AS

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[U230] - On 04/20/2007 14:04 - For 640407128904

Call-Up For: [U230] - On 04/23/2007 Call-Up Complete: [U230] - On 04/30/2007

APPEAL ACTION NEEDED (M)

LTD CLAIM DISCUSSION PROCESS. JMARTIN/AS

[U230] - On 04/23/2007 10:23 - For 640407128904

OUTGOING CALL TO CLAIMANT

ADVISED CLMT I WAS WORKING ON HIS FILE

QUESTION: ARE YOU BEING TX W PSYCHIATRIST, PSYCHOLOGIST, THERAPIST

OR ANYONE ELSE OF THIS NATURE. CLAIMANT STATED, NO, HE HAS BEEN

DISCHARGED FROM THEIR CARE AWHILE AGO. I THANKED HIM. JMARTIN/AS

[U230] - On 04/23/2007 10:25 - For 640407128904

APPEAL DECISION DUE

LTD CLAIM DISCUSSION

1. SINCE THERE WAS INFORMATION CONCERNING THE CLAIMANT'S PSYCHE

COMPONENT MENTIONED, CONTACT CLMT TO SEE IF HE IS STILL BEING TX.

OBTAIN INFOR AND PURSUE MEDICAL. IF CLMT IS NOT, MAKE A

DETERMINATION. JMARTIN/AS

[U230] - On 04/30/2007 11:47 - For 640407128904

Call-Up For: [U230] - On 04/30/2007 Call-Up Complete: [U230] - On 05/04/2007

APPEAL ACTION NEEDED (M)

FU SSOE

[U230] - On 05/04/2007 16:12 - For 640407128904

Call-Up For: [U230] - On 05/06/2007 Call-Up Complete: [U230] - On 05/07/2007

APPEAL ACTION NEEDED (M)

SSOE. JMARTIN/AS

[U230] - On 05/07/2007 13:47 - For 640407128904

APPEAL DECISION - UPHELD

UPHOLD DECISION TO TERMINATE.

CONSULTANT SPOKE WITH DR. BELL ON MARCH 19, 2007 & ADDRESSED HIS

LETTER DATED MARCH 7, 2007 AND PROVIDED RATIONALE FOR DX OF CHRONIC

FATIGUE SYNDROME. CLMT IS UNABLE TO FUNCTION EXCEPT FOR A PERIOD OF

APPROXIMATELY TWO HOURS EACH DAY. THE CONSULTANT INQUIRED AS TO THE

DISCREPANCIES IN THE OBJECTIVE FINDINGS OF CLMT'S COGNITIVE

DYSFUNCTION, MUSCLE AND JOINT PAINS, AND THE LACK OF OBJECTIVE DATA

TO SUPPORT THESE CLAIMS. THE CONSULTANT ALSO INQUIRED ABOUT

DEPRESSION AS A PRIMARY DIAGNOSIS AND DR. BELL OPINED THAT

DEPRESSION WAS NOT THE CAUSE FOR THE CLMT'S SXS.

THE MEDICAL DOCUMENTATION AVAILABLE DID NOT SUPPORT FUNCTIONAL

LIMITATIONS OR RESTRICTIONS OF A CONDITION BEYOND AUGUST 31, 2006.

NOTES FROM DR. BELL STATE THAT CLMT HAS DX OF CFS SXS INCLUDE

FATIGUE, COGNITIVE DYSFUNCTION, JOINT ACHES, MUSCLE ACHES,

HEADACHES, AND SORE THROATS. RELEVANT RECORDS OF TESTING PERFORMED

IN DR. BELL'S OFFICE INCLUDE THOSE FOR ORTHOSTATIC HYPOTENSION AFTER

SALINE LOADING AND AN SF-36. THE CONSULTANT INDICATED C/O'S OF JOINT

AND MUSCLE ACHES ARE NOT SUPPORTED BY OBJECTIVE FINDINGS FROM

PHYSICAL EXAMINATION AND YOUR SUBJECTIVE CLAIMS OF COGNITIVE

DYSFUNCTION ARE NOT SUPPORTED BY PHYSICAL EXAM FINDINGS OR

NEURO-PSYCHIATRIC TESTING. THE CONSULTANT OPINED THAT THE RESULTS

FROM A SINGLE TEST FROM SF-36 SHOULD NOT BE INTERPRETED IN ISOLATION

NOR IS THERE ANY INDICATION THAT DR. BELL HAD THE EXPERIENCE TO

DELIVER OR INTERPRET THIS TEST. BLOOD VOLUME TESTING BY CHROMIUM-51

WERE IN ISOLATION AND WITHOUT CLEAR SYMPTOMS OF ORTHOSTATIS. IN

ADDITION, THERE WERE NO ORTHOSTATIC RECORDINGS OF BLOOD PRESSURE OR

PULSE OUTSIDE OF TESTING PERFORMED IN 2000 AND 2003. THE CONSULTANT

INDICATED THAT THE MEASUREMENTS RECORDED IN 2003 DID NOT CORROBORATE

WITH THOSE ON THE SEPARATE RESULTS SHEET. THE QUESTION THEN BECOMES,

WHICH SET OF RESULTS ARE ACCURATE. THE CONSULTANT INDICATED THAT A

SINGLE IMMEDIATE RECORDING OF BLOOD PRESSURE AFTER IMMEDIATE CHANGE

FROM LYING DOWN TO STANDING IS NOT AN ACCEPTED MEASURE OF

ORTHOSTATIC HYPOTENSION. THE CONSULTANT FURTHER INDICATED THAT AT

INTAKE, YOUR DIAGNOSIS OF DEPRESSION AS A CAUSE OF YOUR SYMPTOMOLOGY

WAS DISCOUNTED DESPITE CONCURRENT RECORDS OF YOUR TREATMENT FOR

ML0065

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[U230] - On 05/07/2007 13:47 - For 640407128904

DEPRESSION, WHICH YOU DENIED. THE CONSULTANT INDICATED THAT EVEN FOLLOWING YOUR SUICIDE ATTEMPT, DR. BELL REPORTED THAT YOUR SYMPTOMS OF CHRONIC FATIGUE SYNDROME WERE THE CAUSE OF YOUR DEPRESSION RATHER THAN THE CONVERSE. THE CONSULTANT CONCLUDED BY STATING THAT MANY SXs SAID TO BE AFFECTING ARE NOT SUPPORTED BY OBJECTIVE EVIDENCE SUCH AS A PHYSICAL EXAM WITH NORMAL MUSCULOSKELETAL FINDINGS AND NO COGNITIVE DYSFUNCTION ON EXAM. THEREFORE, THE CONSULTANT INDICATED THAT YOUR DIAGNOSIS OF CHRONIC FATIGUE SYNDROME IS NOT SUPPORTED BASED ON OBJECTIVE EVIDENCE. THE CONSULTANT FURTHER CONCLUDED THAT THE MEDICAL INFORMATION DOES NOT SUPPORT ANY FUNCTIONAL LIMITATIONS OR RESTRICTIONS BEYOND AUGUST 31, 2006.

[U230] - On 05/07/2007 13:49 - For 640407128904

Call-Up For: [UR53] - On 05/07/2007 Call-Up Complete: [UR53] - On 05/14/2007

REFERRAL TO CASE MANAGER (M)
DECISION TO UPHOLD THE TERMINATION PLEASE ADVISE THE CUSTOMER.
THANK YOU.
THE CONSULTANT SPOKE WITH DR. BELL ON MARCH 19, 2007 REGARDING YOUR CASE. DR. BELL ADDRESSED HIS LETTER DATED MARCH 7, 2007 AND PROVIDED RATIONALE FOR YOUR DIAGNOSIS OF CHRONIC FATIGUE SYNDROME. DR. BELL RESTATED THAT YOU ARE UNABLE TO FUNCTION EXCEPT FOR A PERIOD OF APPROXIMATELY TWO HOURS EACH DAY. THE CONSULTANT INQUIRED AS TO THE DISCREPANCIES IN THE OBJECTIVE FINDINGS OF YOUR COGNITIVE DYSFUNCTION, MUSCLE AND JOINT PAINS, AND THE LACK OF OBJECTIVE DATA TO SUPPORT THESE CLAIMS. THE CONSULTANT ALSO INQUIRED ABOUT DEPRESSION AS A PRIMARY DIAGNOSIS AND DR. BELL OPINED THAT DEPRESSION WAS NOT THE CAUSE FOR YOUR SYMPTOMS.

THE CONSULTANT INDICATED THAT THE MEDICAL DOCUMENTATION AVAILABLE DOES NOT SUPPORT FUNCTIONAL LIMITATIONS OR RESTRICTIONS OF A CONDITION BEYOND AUGUST 31, 2006. NOTES FROM DR. BELL STATE THAT YOU HAVE A DIAGNOSIS OF CHRONIC FATIGUE SYNDROME. THE CONSULTANT INDICATED THAT YOUR SYMPTOMS INCLUDE FATIGUE, COGNITIVE DYSFUNCTION, JOINT ACHES, MUSCLE ACHES, HEADACHES, AND SORE THROATS. RELEVANT RECORDS OF TESTING PERFORMED IN DR. BELL'S OFFICE INCLUDE THOSE FOR ORTHOSTATIC HYPOTENSION AFTER SALINE LOADING AND AN SF-36. THE CONSULTANT INDICATED THAT YOUR COMPLAINTS OF JOINT AND MUSCLE ACHES ARE NOT SUPPORTED BY OBJECTIVE FINDINGS FROM PHYSICAL EXAMINATION AND YOUR SUBJECTIVE CLAIMS OF COGNITIVE DYSFUNCTION ARE NOT SUPPORTED BY PHYSICAL EXAM FINDINGS OR NEURO-PSYCHIATRIC TESTING. THE CONSULTANT OPINED THAT THE RESULTS FROM A SINGLE TEST FROM YOUR SF-36 SHOULD NOT BE INTERPRETED IN ISOLATION NOR IS THERE ANY INDICATION THAT DR. BELL HAD THE EXPERIENCE TO DELIVER OR INTERPRET THIS TEST. YOUR BLOOD VOLUME TESTING BY CHROMIUM-51 WERE IN ISOLATION AND WITHOUT CLEAR SYMPTOMS OF ORTHOSTATIS. IN ADDITION, THERE WERE NO ORTHOSTATIC RECORDINGS OF BLOOD PRESSURE OR PULSE OUTSIDE OF TESTING PERFORMED IN 2000 AND 2003. THE CONSULTANT INDICATED THAT YOUR MEASUREMENTS RECORDED IN 2003 DID NOT CORROBORATE WITH THOSE ON THE SEPARATE RESULTS SHEET. THE QUESTION THEN BECOMES, WHICH SET OF RESULTS ARE ACCURATE. THE CONSULTANT INDICATED THAT A SINGLE IMMEDIATE RECORDING OF BLOOD PRESSURE AFTER IMMEDIATE CHANGE FROM LYING DOWN TO STANDING IS NOT AN ACCEPTED MEASURE OF ORTHOSTATIC HYPOTENSION. THE CONSULTANT FURTHER INDICATED THAT AT INTAKE, YOUR DIAGNOSIS OF DEPRESSION AS A CAUSE OF YOUR SYMPTOMOLOGY WAS DISCOUNTED DESPITE CONCURRENT RECORDS OF YOUR TREATMENT FOR DEPRESSION, WHICH YOU DENIED. THE CONSULTANT INDICATED THAT EVEN FOLLOWING YOUR SUICIDE ATTEMPT, DR. BELL REPORTED THAT YOUR SYMPTOMS OF CHRONIC FATIGUE SYNDROME WERE THE CAUSE OF YOUR DEPRESSION RATHER THAN THE CONVERSE.

THE CONSULTANT CONCLUDED BY STATING THAT MANY OF YOUR SYMPTOMS SAID TO BE AFFECTING YOU ARE NOT SUPPORTED BY OBJECTIVE EVIDENCE SUCH AS A PHYSICAL EXAM WITH NORMAL MUSCULOSKELETAL FINDINGS AND NO COGNITIVE DYSFUNCTION ON EXAM. THEREFORE, THE CONSULTANT INDICATED THAT YOUR DIAGNOSIS OF CHRONIC FATIGUE SYNDROME IS NOT SUPPORTED BASED ON OBJECTIVE EVIDENCE. THE CONSULTANT FURTHER CONCLUDED THAT THE MEDICAL INFORMATION DOES NOT SUPPORT ANY FUNCTIONAL LIMITATIONS

ML0066

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[U230] - On 05/07/2007 13:49 - For 640407128904

Call-Up For: [UR53] - On 05/07/2007 Call-Up Complete: [UR53] - On 05/14/2007

OR RESTRICTIONS BEYOND AUGUST 31, 2006.

ON MARCH 29, 2007, THE ABOVE-DESCRIBED REPORT ISSUED BY THE
INDEPENDENT PHYSICIAN CONSULTANT WAS FAXED TO DR. BELL, SEEKING HIS
OPINION AND COMMENT.

[U230] - On 05/08/2007 08:20 - For 640407128904

OUTGOING CORRESPONDENCE
LETTER MAILED TO CLMT. JMARTIN/AS

[ACS1] - On 05/09/2007 17:07 - For 640407128904

OGC INDEX DCN 070509012389

[ACS1] - On 05/09/2007 17:07 - For 640407128904

OGC INDEX DCN 070509012400

[X058] - On 05/11/2007 13:49 - For 640407128904

Call-Up For: [X058] - On 06/11/2007 Call-Up Complete: [X058] - On 06/15/2007

OVERPAYMENT ACTION NEEDED
CLAIM REMAINED TERMINATED AND FULL REIMB REQUESTED IN LTR 5/11/07
CMIELNICKI OPCM

[UR53] - On 05/14/2007 10:08 - For 640407128904

OUTGOING EMAIL - EMPLOYER
CM NOTIFIED ER CONTACT OF APPEAL UPHOLD

REBECCA S SCHAFER/BSG/METLIFE/US
05/14/2007 10:11 AM

TO
JOAN.POWELL@KODAK.COM
CC

SUBJECT
JOHN MAGEE

HI - JUST WANTED TO LET YOU KNOW THAT APPEALS REVIEW OF HIS DENIAL
HAS BEEN COMPLETED AND THE DENIAL DECISION WAS UPHELD.

THANK YOU

REBECCA SCHAFER
CASE MANAGEMENT SPECIALIST
METLIFE DISABILITY
1-800-300-4296, EXT. 6889
FAX 1-800-230-9531

[ACS1] - On 05/14/2007 14:01 - For 640407128904

OGC INDEX DCN 070512F0504N

[X058] - On 06/15/2007 09:54 - For 640407128904

Call-Up For: [XP32] - On 07/16/2007 Call-Up Complete: [XP32] - On 07/20/2007

OVERPAYMENT ACTION NEEDED
COLLECTION DEMAND LTR SENT TO EE 6/15/07; FU FOR RESPONSE.

ML0067

Diary Review - Report

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[X058] - On 06/15/2007 09:54 - For 640407128904

Call-Up For: [XP32] - On 07/16/2007 Call-Up Complete: [XP32] - On 07/20/2007

CMIELNICKI OPCM

[XP32] - On 07/20/2007 08:31 - For 640407128904

Call-Up For: [XP32] - On 09/03/2007 Call-Up Complete: [XP66] - On 09/06/2007

OVERPAYMENT ACTION NEEDED

B&J COLLECTIONS UPDATE

DEMAND LETTER SENT- NO RESPONSE FROM EE

[XP32] - On 09/07/2007 16:18 - For 640407128904

Call-Up For: [XP32] - On 10/22/2007 Call-Up Complete: [XP66] - On 10/22/2007

OVERPAYMENT ACTION NEEDED

BROWN & JOSEPH COLLECTIONS UPDATE

DEMAND LETTER SENT, NO RESPONSE FROM EE

[ACS1] - On 09/20/2007 07:48 - For 640407128904

OGC INDEX DCN 070919035697

[ACS1] - On 09/20/2007 07:48 - For 640407128904

OGC INDEX DCN 070919035698

[XP66] - On 10/22/2007 11:42 - For 640407128904

Call-Up For: [XP32] - On 11/22/2007

OVERPAYMENT ACTION NEEDED

B & J COLLECTION UPDATE

PER WEB REPORT PURSUIT-ACTIVE NEW PHONE.ADDR LISTING FOUND

404 Diaries Found

ML0068

Message

Page 1 of 1

Bopp, Jonathan

From: Bopp, Jonathan
Sent: Friday, September 07, 2007 6:34 PM
To: 'efiles@brownandjoseph.com'
Subject: John Magee 640407128904

Hello-

Here is a collection referral for a MetLife claimant.

Thanks,
Jonathan Bopp

070919035698 0191

09/07/2007

ML0069

070919035697 0189

September 7, 2007

"BROWN & JOSEPH, Ltd."
Client Account Submittal Form

Email referrals to: efiles@brownandjoseph.com "use the send secure button in Lotus notes"

Telephone (847) 330-3000 Fax (847) 330-0136

The attached account(s) are submitted to your office for collection proceedings. We agree to pay your current contingent fee on any payment or accounts withdrawn pending collections.

Debtor Information		Client Information
Name/Address:	John Magee 71 Ontario St Honeoye Falls, NY 14472-1123	MetLife Disability Overpayment Recovery Unit
Telephone:		P.O. Box 6171
2nd Telephone/Fax:	585 624-9306	Utica, NY 13504-6171
Social Security No:	088-54-4213	Telephone: 800-300-4296
Invoice Date (initial overpayment letter):	04/28/2006	Fax: 315-792-2596
Contact:	claimant	Client Contact: Jonathan Bopp
Reference No.:	640407128904	Email: jonathan.bopp@acs-inc.com
Original Amount Requested:	\$51,886.27	
Current Amount Due:	\$16,831.21	
Cause of Overpayment:	Social Security	
Claim End Date/ Reason:	8/31/2006 Not totally disabled	
Benefits Withheld/Applied:	Benefits were withheld until claim ended	

You are hereby authorized to endorse in the name of the undersigned and to negotiate or to deposit in our client trust account, any and all checks, drafts, bills of exchange or other orders for the payment of money payable or endorsed to the undersigned which come into your possession by reason of your action as Collecting Agent for the undersigned and their firm.

Any special instructions or information:

--

"Brown & Joseph, Ltd."
999 Plaza Drive - 4th Floor
"Schaumburg, IL 60173"

ML0070

070512F05046

Metropolitan Life Insurance Company

MetLife®

MetLife Disability
Offset Recovery Unit
P.O. Box 6171
Utica, NY 13504-6171

May 11, 2007

John Magee
71 Ontario St
Honeoye Falls, NY 14472-1123

RE: Long Term Disability
Claim No.: 640407128904
Group No.: 303299

Dear Mr. Magee,

We are writing in reference to your claim for Long Term Disability benefits.

The decision to end your claim effective August 31, 2006 remained unchanged. The current balance of your overpayment is in the amount of \$16,831.21.

Please send a check or money order made payable to MetLife. To ensure proper crediting of the claim, please be sure to include the claim number on the refund check and remit payment to:

MetLife Disability
Offset Recovery Unit
P.O. Box 6171
Utica, NY 13504-6171

Your cooperation will be greatly appreciated.

Sincerely,

Christine Mielnicki

Christine Mielnicki
Overpayment Recovery Unit
Phone: (800) 300-4296
Fax: (570) 686-2182
E-mail: cmielnicki@metlife.com

ML0071

Our file reflects that you last worked for ITT formally Eastman Kodak November 26, 2003 as a Program Assurance Manager. The physical duties of your job are sitting, using fine visual auditory attention and precise verbal/written communication up to 100% of your workday, using fine hand dexterity up to 60% of your workday and standing, walking, climbing stairs, bending, stooping, squatting up to 19% of your workday. The physical duties of your job reflect a sedentary position.

Based on your Plan's Elimination Period, benefits for Long Term Disability went into effect on September 20, 2004 and benefits ended on August 31, 2006. This review is being conducted for the termination of your Long Term Disability claim.

On July 20, 2006, you were advised that the medical information provided did not support the existence of a totally disabling condition preventing you from performing any occupation.

You have a history of being diagnosed with Chronic Fatigue Syndrome and have been on multiple medications for pain and depression including Prozac, Provigil, Amantadine, Ritaline, Wellbutrin and Neurontin as well as tricyclic antidepressants. The letter, dated February 5, 2004 from Alice Tariot, MD addressed to Carolyn Cerame, CSW, detailed your psychiatric evaluation and medication management. At that time, you had been intermittently on disability and the characteristics of your illness were that you were sore and tired all of the time. There are progress notes from April 19, 2004 with eight visits through December 15, 2005. Your visits indicated that you were depressed, primarily related to your interruptions of anti-depressants prescribed by Dr. Tariot. Throughout this time, there were discussions regarding sleep disturbances, mood swings, severe depression and suicidal thoughts. You indicated that your Chronic Fatigue had worsened in the later part of 2005 as a cause for some increased depression but there was no specific attention to this diagnosis by Dr. Tariot. You had cancelled all visits to Carolyn Cerame, CSW due to extreme exhaustion and pain with the exception of your visit on August 5, 2005. Your office visits to Dr. Bell commenced on September 18, 1990 with a chief complaint of evaluation for Chronic Fatigue Syndrome. You were described as having paresthesias and achy legs with a gradual onset starting in April 1995 with an increase in fatigue within a year and you reported your fatigue was stable with depression in the summer of 1999. You reported your fatigue limited your activities to working at Kodak. Physical exam was normal however; your diagnoses included restless legs, glaucoma, shellfish allergy, and back pain, CFS and status post back surgery. Dr. Bell indicated that you meet the criteria for CFS with fatigue, disturbed sleep, muscle and joint pains, recurrent headaches, sore throat and cognitive difficulties. You were seen on June 18, 2003 after your hospitalization for a suicide attempt. There was a notation regarding orthostatic hypotension but there was no specific evaluation. A note from Dr. Kates dated June 23, 2003 indicated that your Chronic Fatigue Syndrome and depression have worsened and unchanged with medication management including Neurontin, Bupropion, tricyclic antidepressants and Percocet. There is a "To whom it may concern" letter from March 2004, which indicates that you were having difficulties with cognitive

function, short-term memory and being more forgetful. In a letter dated June 6, 2005, from Dr. Bell, he indicated that your SF-36 score demonstrated that you had marked disability. Dr. Bell sent a letter to you dated November 9, 2005 indicating that he was concerned about your level of Vicodin usage and that you were asked to find another physician for your care since Dr. Bell was moving towards retirement. The office notes through February 2006 indicate that there was no change in your symptomology and Vicodin continued to be prescribed to you at one pill three times per day.

On January 11, 2007, we received your letter requesting an appeal. You stated that your claim was going through an appeals process, which was a misunderstanding. You stated that you wanted an extension to the final date for the appeal, which you believed, was January 20, 2006. You listed various reasons as to why you needed an extension and you requested an additional month. You also had issues with obtaining your Kodak Plan Booklet and we trust that this has been resolved.

On March 8, 2007, we received an additional letter from you requesting an appeal. You requested a review of your file, as you believe that there were inconsistencies throughout your Long Term Disability claim. You submitted your personal history along with your history of back surgeries. You developed flu like symptoms after your most recent back surgery. You were diagnosed with chronic fatigue syndrome and orthostatic intolerance after your neurologist completed all testing. You described the decline of your work capacity and family life. You stated your pain, fatigue and poor stamina kept you from activities. You are in pain even when you are not active. Your muscle fatigue and soreness forced you to reduce the things that you like to do, such as your hobbies. You no longer interacted with your children but continued to build financial security by working for your family. Your day had turned from being fulfilling to having force yourself to get up in the morning, battle headaches and problems with short-term memory as well struggle with mathematics. However, you did manage for a number of years to keep your illness from affecting your job. You made modifications in your work habits to compensate for your symptoms. You could no longer rely on your memory alone and kept a notebook. You adjusted your chair and computer, which enabled you to recline while at work. You tried different modalities of treatment with limited success. Your job also entailed travel and the more extensive trips made your symptoms worse. You began receiving Short Term Disability benefits. Your mental concentration is poor, you have difficulty finding words and you are limited with having good days. You were required to write lengthy technical documents at work, which included up to 70 pages and it has taken you six months to write your appeal letter. There have been no improvements in your condition since the termination of your Long Term Disability. You researched your diagnosis on the internet and you do hope that your condition will improve. Your review of reports from Drs. Gosline, Hopkins and Payne indicate that they had misstated and misunderstood medical information from your health care professionals. You were dismayed with MetLife's diary notes relative to your claim file. You indicated that the intent of purchasing Long Term disability insurance was that if a person becomes incapacitated to work, they would have income to lessen their financial burden. You understand that there is no conclusive test currently to diagnose Chronic Fatigue Syndrome and that the diagnosis requires the elimination of other possible causes along

with the use of a patient's self reported symptoms. You stated that you understand that MetLife must review all of the medical information and our reluctance to accept subjective information. You are a person of integrity and your work history shows that you were a dedicated employee. You have been dealing with Chronic Fatigue Syndrome for years, you sacrificed many areas in your life to maintain your job, and you are honest. In your appeal, you included a multitude of documents including your Performance Assessment Appraisals and statements from family and friends.

As part of the appeals process, and to provide you with a full and fair review, an Independent Physician Consultant, Board Certified in Internal Medicine and Infectious Diseases reviewed your file.

The consultant spoke with Dr. Bell On March 19, 2007 regarding your case. Dr. Bell addressed his letter dated March 7, 2007 and provided rationale for your diagnosis of Chronic Fatigue Syndrome. Dr. Bell restated that you are unable to function except for a period of approximately two hours each day. The consultant inquired as to the discrepancies in the objective findings of your cognitive dysfunction, muscle and joint pains, and the lack of objective data to support these claims. The consultant also inquired about depression as a primary diagnosis and Dr. Bell opined that depression was not the cause for your symptoms.

The consultant indicated that the medical documentation available does not support functional limitations or restrictions of a condition beyond August 31, 2006. Notes from Dr. Bell state that you have a diagnosis of Chronic Fatigue Syndrome. The consultant indicated that your symptoms include fatigue, cognitive dysfunction, joint aches, muscle aches, headaches, and sore throats. Relevant records of testing performed in Dr. Bell's office include those for orthostatic hypotension after saline loading and an SF-36. The consultant indicated that your complaints of joint and muscle aches are not supported by objective findings from physical examination and your subjective claims of cognitive dysfunction are not supported by physical exam findings or neuro-psychiatric testing. The consultant opined that the results from a single test from your SF-36 should not be interpreted in isolation nor is there any indication that Dr. Bell had the experience to deliver or interpret this test. Your blood volume testing by Chromium-51 were in isolation and without clear symptoms of orthostatis. In addition, there were no orthostatic recordings of blood pressure or pulse outside of testing performed in 2000 and 2003. The consultant indicated that your measurements recorded in 2003 did not corroborate with those on the separate results sheet. The question then becomes, which set of results are accurate. The consultant indicated that a single immediate recording of blood pressure after immediate change from lying down to standing is not an accepted measure of orthostatic hypotension. The consultant further indicated that at intake, your diagnosis of depression as a cause of your symptomology was discounted despite concurrent records of your treatment for depression, which you denied. The consultant indicated that even following your suicide attempt, Dr. Bell reported that your symptoms of Chronic Fatigue Syndrome were the cause of your depression rather than the converse.

The consultant concluded by stating that many of your symptoms said to be affecting you are not supported by objective evidence such as a physical exam with normal musculoskeletal findings and no cognitive dysfunction on exam. Therefore, the consultant indicated that your diagnosis of Chronic Fatigue Syndrome is not supported based on objective evidence. The consultant further concluded that the medical information does not support any functional limitations or restrictions beyond August 31, 2006.

On March 29, 2007, the above-described report issued by the Independent Physician, Consultant was faxed to Dr. Bell, seeking his opinion and comment.

On April 13, 2007, we received a letter from Dr. Bell along with his resume. Dr. Bell indicated that he did not think Dr. Maslow had read his reports or was unfamiliar with the diagnosis of Chronic Fatigue Syndrome. Dr. Bell indicated that this is inappropriate as chronic fatigue is a condition whose diagnostic criteria was assessed by the Centers for Disease Control and that there has been significant research in the past two years. Dr. Bell indicated that you are completely and totally disabled due to Chronic Fatigue Syndrome. Dr. Bell stated that you do not have a primary emotional disturbance, factitious disorder, hypochondriasis that is causing you to miss work. However, Dr. Bell did not provide any additional medical information to support his opinion.

In to provide you with a full and fair review and to take into consideration all relevant information on April 23, 2007, we contacted you to determine if you were under the care of a mental health care professional. You advised us that you were no longer under the care of a mental health care professional. In reviewing you file we have determined that your records contain no current medical information from a mental health care professional and you have indicated that you are no longer under the care of a mental healthcare professional. Your attending physician, Dr. Bell has also indicated that you do not have an emotional disturbance that is causing you to miss work. Therefore we have determined that you do not have a disabling mental nervous condition that would prevent you from performing gainful work.

In completing our appeal review, we have determined that although you have some medical conditions, these would not prevent you from performing your own occupation. You have the functional ability to perform your occupation. Your file lacked medical evidence of clinical findings that supported a severity of impairment that resulted in functional limitations. Since Chronic Fatigue is a diagnosis of exclusion, your file was reviewed from an infectious disease perspective and you did not meet the criteria for this syndrome. You do have evidence of depression; however, based on our telephone conversation on April 23, 2007, you are no longer under the care of a mental health care professional.

In summary, benefits must be administered in accordance with the employer's plan and this required that the disability was defined and medically substantiated by the providers with comprehensive and specific information. This is not to say you were not experiencing difficulty. However, with the medical records available for review, we

were unable to conclude that you had functional limitations or restrictions that prevented you from performing your occupation.

Therefore, based on our review of the medical evidence in your file, the original decision to terminate benefits for Long Term disability was appropriate and has been upheld on appeal.

Upon request, MetLife will provide you with a copy of the documents, records, or other information we have that are relevant to your claim and identify any medical or vocational expert(s) whose advice was obtained in connection with your claim. You also have the right to bring civil action under Section 502 (a) of the Employee Retirement Income Security Act of 1974.

You have exhausted your administrative remedies under the plan, and no further appeals will be considered.

Sincerely,

Joanne Martin
Procedure Analyst
MetLife Disability
1(800) 300-4296

ML0077

MetLife®

MetLife Disability
PO Box 14592
Lexington, KY 40511-4592

NOT FOR SERVICE OF LEGAL PROCESS

May 7, 2007

John Magee
71 Ontario Street
Honeoye Falls, NY 14472-1123

Re: Long Term Disability
Claim No. 640407128904
Group No. 303299
Employer: ITT Industries, Inc.

Dear Mr. Magee:

We have completed our review of the termination of your Long-Term Disability benefits. For the following reasons, the original determination to terminate benefits was upheld upon appeal review.

According to the ITT LTD Plan (formally Eastman Kodak Plan)
"You are disabled when your condition meets all of the following four criteria:

- As a result of your condition, you are totally and continually unable to engage in gainful work, with or without reasonable accommodation. "Gainful work" is paid employment for which you are (or you become) reasonably qualified by education, training or experience, as determined by MetLife;
- You are under the care of a licensed physician who is treating your condition;
- Your condition has lasted 26 weeks or more, or, if your employment is terminated under TAP or a Special Separation Program (involuntary or voluntary) before 26 weeks have passed since your condition arose, MetLife determines that your condition is reasonably expected to last 26 weeks or more; and
- Your condition did not result from your participation in an insurrection, rebellion, or riot, nor did it result from commission of a crime for which you are convicted. Determination of disability status, and approval of a claim, may be delayed pending the results of an investigation or trial relating to such activities."

We have reviewed the entire claim file. This included but was not limited to the following information.

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Our file reflects that you last worked for ITT formally Eastman Kodak November 26, 2003 as a Program Assurance Manager. The physical duties of your job are sitting, using fine visual auditory attention and precise verbal/written communication up to 100% of your workday, using fine hand dexterity up to 60% of your workday and standing, walking, climbing stairs, bending, stooping, squatting up to 19% of your workday. The physical duties of your job reflect a sedentary position.

Based on your Plan's Elimination Period, benefits for Long Term Disability went into effect on September 20, 2004 and benefits ended on August 31, 2006. This review is being conducted for the termination of your Long Term Disability claim.

On July 20, 2006, you were advised that the medical information provided did not support the existence of a totally disabling condition preventing you from performing any occupation.

You have a history of being diagnosed with Chronic Fatigue Syndrome and have been on multiple medications for pain and depression including Prozac, Provigil, Amantadine, Ritaline, Wellbutrin and Neurontin as well as tricyclic antidepressants. The letter, dated February 5, 2004 from Alice Tariot, MD addressed to Carolyn Cerame, CSW, detailed your psychiatric evaluation and medication management. At that time, you had been intermittently on disability and the characteristics of your illness were that you were sore and tired all of the time. There are progress notes from April 19, 2004 with eight visits through December 15, 2005. Your visits indicated that you were depressed, primarily related to your interruptions of anti-depressants prescribed by Dr. Tariot. Throughout this time, there were discussions regarding sleep disturbances, mood swings, severe depression and suicidal thoughts. You indicated that your Chronic Fatigue had worsened in the later part of 2005 as a cause for some increased depression but there was no specific attention to this diagnosis by Dr. Tariot. You had cancelled all visits to Carolyn Cerame, CSW due to extreme exhaustion and pain with the exception of your visit on August 5, 2005. Your office visits to Dr. Bell commenced on September 18, 1990 with a chief complaint of evaluation for Chronic Fatigue Syndrome. You were described as having paresthesias and achy legs with a gradual onset starting in April 1995 with an increase in fatigue within a year and you reported your fatigue was stable with depression in the summer of 1999. You reported your fatigue limited your activities to working at Kodak. Physical exam was normal however; your diagnoses included restless legs, glaucoma, shellfish allergy, and back pain, CFS and status post back surgery. Dr. Bell indicated that you meet the criteria for CFS with fatigue, disturbed sleep, muscle and joint pains, recurrent headaches, sore throat and cognitive difficulties. You were seen on June 18, 2003 after your hospitalization for a suicide attempt. There was a notation regarding orthostatic hypotension but there was no specific evaluation. A note from Dr. Kates dated June 23, 2003 indicated that your Chronic Fatigue Syndrome and depression have worsened and unchanged with medication management including Neurontin, Bupropion, tricyclic antidepressants and Percocet. There is a "To whom it may concern" letter from March 2004, which indicates that you were having difficulties with cognitive

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function, short-term memory and being more forgetful. In a letter dated June 6, 2005 from Dr. Bell, he indicated that your SF-36 score demonstrated that you had marked disability. Dr. Bell sent a letter to you dated November 9, 2005 indicating that he was concerned about your level of Vicodin usage and that you were asked to find another physician for your care since Dr. Bell was moving towards retirement. The office notes through February 2006 indicate that there was no change in your symptomology and Vicodin continued to be prescribed to you at one pill three times per day.

On January 11, 2007, we received your letter requesting an appeal. You stated that your claim was going through an appeals process, which was a misunderstanding. You stated that you wanted an extension to the final date for the appeal, which you believed, was January 20, 2006. You listed various reasons as to why you needed an extension and you requested an additional month. You also had issues with obtaining your Kodak Plan Booklet and we trust that this has been resolved.

On March 8, 2007, we received an additional letter from you requesting an appeal. You requested a review of your file, as you believe that there were inconsistencies throughout your Long Term Disability claim. You submitted your personal history along with your history of back surgeries. You developed flu like symptoms after your most recent back surgery. You were diagnosed with chronic fatigue syndrome and orthostatic intolerance after your neurologist completed all testing. You described the decline of your work capacity and family life. You stated your pain, fatigue and poor stamina kept you from activities. You are in pain even when you are not active. Your muscle fatigue and soreness forced you to reduce the things that you like to do, such as your hobbies. You no longer interacted with your children but continued to build financial security by working for your family. Your day had turned from being fulfilling to having force yourself to get up in the morning, battle headaches and problems with short-term memory as well struggle with mathematics. However, you did manage for a number of years to keep your illness from affecting your job. You made modifications in your work habits to compensate for your symptoms. You could no longer rely on your memory alone and kept a notebook. You adjusted your chair and computer, which enabled you to recline while at work. You tried different modalities of treatment with limited success. Your job also entailed travel and the more extensive trips made your symptoms worse. You began receiving Short Term Disability benefits. Your mental concentration is poor, you have difficulty finding words and you are limited with having good days. You were required to write lengthy technical documents at work, which included up to 70 pages and it has taken you six months to write your appeal letter. There have been no improvements in your condition since the termination of your Long Term Disability. You researched your diagnosis on the internet and you do hope that your condition will improve. Your review of reports from Drs. Gosline, Hopkins and Payne indicate that they had misstated and misunderstood medical information from your health care professionals. You were dismayed with MetLife's diary notes relative to your claim file. You indicated that the intent of purchasing Long Term disability insurance was that if a person becomes incapacitated to work, they would have income to lessen their financial burden. You understand that there is no conclusive test currently to diagnose Chronic Fatigue Syndrome and that the diagnosis requires the elimination of other possible causes along

with the use of a patient's self reported symptoms. You stated that you understand that MetLife must review all of the medical information and our reluctance to accept subjective information. You are a person of integrity and your work history shows that you were a dedicated employee. You have been dealing with Chronic Fatigue Syndrome for years, you sacrificed many areas in your life to maintain your job, and you are honest. In your appeal, you included a multitude of documents including your Performance Assessment Appraisals and statements from family and friends.

As part of the appeals process, and to provide you with a full and fair review, an Independent Physician Consultant, Board Certified in Internal Medicine and Infectious Diseases reviewed your file.

The consultant spoke with Dr. Bell On March 19, 2007 regarding your case. Dr. Bell addressed his letter dated March 7, 2007 and provided rationale for your diagnosis of Chronic Fatigue Syndrome. Dr. Bell restated that you are unable to function except for a period of approximately two hours each day. The consultant inquired as to the discrepancies in the objective findings of your cognitive dysfunction, muscle and joint pains, and the lack of objective data to support these claims. The consultant also inquired about depression as a primary diagnosis and Dr. Bell opined that depression was not the cause for your symptoms.

The consultant indicated that the medical documentation available does not support functional limitations or restrictions of a condition beyond August 31, 2006. Notes from Dr. Bell state that you have a diagnosis of Chronic Fatigue Syndrome. The consultant indicated that your symptoms include fatigue, cognitive dysfunction, joint aches, muscle aches, headaches, and sore throats. Relevant records of testing performed in Dr. Bell's office include those for orthostatic hypotension after saline loading and an SF-36. The consultant indicated that your complaints of joint and muscle aches are not supported by objective findings from physical examination and your subjective claims of cognitive dysfunction are not supported by physical exam findings or neuro-psychiatric testing. The consultant opined that the results from a single test from your SF-36 should not be interpreted in isolation nor is there any indication that Dr. Bell had the experience to deliver or interpret this test. Your blood volume testing by Chromium-51 were in isolation and without clear symptoms of orthostatis. In addition, there were no orthostatic recordings of blood pressure or pulse outside of testing performed in 2000 and 2003. The consultant indicated that your measurements recorded in 2003 did not corroborate with those on the separate results sheet. The question then becomes, which set of results are accurate. The consultant indicated that a single immediate recording of blood pressure after immediate change from lying down to standing is not an accepted measure of orthostatic hypotension. The consultant further indicated that at intake, your diagnosis of depression as a cause of your symptomology was discounted despite concurrent records of your treatment for depression, which you denied. The consultant indicated that even following your suicide attempt, Dr. Bell reported that your symptoms of Chronic Fatigue Syndrome were the cause of your depression rather than the converse.

The consultant concluded by stating that many of your symptoms said to be affecting you are not supported by objective evidence such as a physical exam with normal musculoskeletal findings and no cognitive dysfunction on exam. Therefore, the consultant indicated that your diagnosis of Chronic Fatigue Syndrome is not supported based on objective evidence. The consultant further concluded that the medical information does not support any functional limitations or restrictions beyond August 31, 2006.

On March 29, 2007, the above-described report issued by the Independent Physician Consultant was faxed to Dr. Bell, seeking his opinion and comment.

On April 13, 2007, we received a letter from Dr. Bell along with his resume. Dr. Bell indicated that he did not think Dr. Maslow had read his reports or was unfamiliar with the diagnosis of Chronic Fatigue Syndrome. Dr. Bell indicated that this is inappropriate as chronic fatigue is a condition whose diagnostic criteria was assessed by the Centers for Disease Control and that there has been significant research in the past two years. Dr. Bell indicated that you are completely and totally disabled due to Chronic Fatigue Syndrome. Dr. Bell stated that you do not have a primary emotional disturbance, factitious disorder, hypochondriasis that is causing you to miss work. However, Dr. Bell did not provide any additional medical information to support his opinion.

In to provide you with a full and fair review and to take into consideration all relevant information on April 23, 2007, we contacted you to determine if you were under the care of a mental health care professional. You advised us that you were no longer under the care of a mental health care professional. In reviewing your file we have determined that your records contain no current medical information from a mental health care professional and you have indicated that you are no longer under the care of a mental healthcare professional. Your attending physician, Dr. Bell has also indicated that you do not have an emotional disturbance that is causing you to miss work. Therefore we have determined that you do not have a disabling mental nervous condition that would prevent you from performing gainful work.

In completing our appeal review, we have determined that although you have some medical conditions, these would not prevent you from performing your own occupation. You have the functional ability to perform your occupation. Your file lacked medical evidence of clinical findings that supported a severity of impairment that resulted in functional limitations. Since Chronic Fatigue is a diagnosis of exclusion, your file was reviewed from an infectious disease perspective and you did not meet the criteria for this syndrome. You do have evidence of depression; however, based on our telephone conversation on April 23, 2007, you are no longer under the care of a mental health care professional.

In summary, benefits must be administered in accordance with the employer's plan and this required that the disability was defined and medically substantiated by the providers with comprehensive and specific information. This is not to say you were not experiencing difficulty. However, with the medical records available for review, we

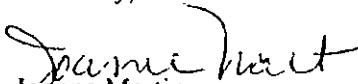
were unable to conclude that you had functional limitations or restrictions that prevented you from performing your occupation.

Therefore, based on our review of the medical evidence in your file, the original decision to terminate benefits for Long Term disability was appropriate and has been upheld on appeal.

Upon request, MetLife will provide you with a copy of the documents, records, or other information we have that are relevant to your claim and identify any medical or vocational expert(s) whose advice was obtained in connection with your claim. You also have the right to bring civil action under Section 502 (a) of the Employee Retirement Income Security Act of 1974.

You have exhausted your administrative remedies under the plan, and no further appeals will be considered.

Sincerely,


Joanne Martin
Procedure Analyst
MetLife Disability
1(800) 300-4296

David S. Bell, M.D., F.A.A.P.
P.O. Box 495
77 South Main Street
Lyndonville, New York 14098
TEL (585) 765-2060 FAX (585) 765-2067

THIS MESSAGE is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is Strictly Prohibited. If you receive this message by error, please notify the sender immediately to arrange for return or destruction of these documents.

Date: 04/13/07

To: Met Life Disability - Joanne Martin

Fax Number: 800-230-9531

Re: John Magee - Response to report
+ Dr. Bell's CV

Number of Pages, including cover letter: 18

Confidentiality Notice: Confidential Health Information Enclosed
Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that did not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.



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Metropolitan Life Insurance Company
MetLife Disability, PO Box 14590
Lexington, KY 40511-4590
Fax: 800-230-9531

THIS COVER SHEET SHOULD BE RETURNED WITH ANY
CORRESPONDENCE PROVIDED.
FAILURE TO PROVIDE THE CLAIM NUMBER WILL CAUSE A DELAY
IN THE HANDLING OF THE INFORMATION PROVIDED.

To: David S. Bell
From: Joanne Martin
Phone: 8003004296
Date: 3/30/2007 8:55:45 AM
Pages: 8
Re: JOHN MAGEE
Claim #: 640407128904

Comments:
Metropolitan Life Insurance Company

MetLife Disability, PO Box 14592, Lexington KY 40511-4592

Phone: 800.300.4296 Fax: 1-800-230-9531

March 29, 2007

FAX TO: Dr. David S. Bell 585.765.2067

Re: Long Term Disability
Claim No. 640407128904
Claimant: John Magee
Date of Birth: 12/07/1959

Dear Dr. Bell:

please disregard the fax sent to you yesterday, sorry for the confusion

MetLife is reviewing John Magee's appeal of MetLife's decision to deny or terminate benefits. To aid in our evaluation, an independent medical consultant review of the medical information was conducted by Joel Maslow MD board certified in Infectious Disease. Enclosed herein is a copy of the March 22, 2007 report of Dr. Maslow.

Please submit your comments on this report, specifically addressing but not limited to, Mr. Magee's impairments, restrictions and/or limitations. If you are not in agreement with this report, please submit clinical evidence in support of your conclusions.

Please fax your information to fax# 1-800-230-9531 and include the claim #.

If we do not hear from you by April 15, 2007, we will assume that you do not intend to respond and we will proceed with the decision on your patient's appeal.

Should you have any questions, please contact me.

Sincerely,

Joanne Martin
MetLife Disability
For efficient and prompt claim handling, all documents or correspondence returned to us

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David S. Bell, MD, FAAP

77 South Main Street
PO Box 495
Lyndonville, New York 14098
585-765-2060 fax 585-765-2067

April 13, 2007

Metropolitan Life Insurance Company
Attn: Joanne Martin
MetLife Disability
PO Box 14590
Lexington, KY 40511-4590

RE: John Magee
Cln # 640407128904

Dear Ms. Martin

John Magee is followed in this office for Chronic Fatigue Syndrome. I have written numerous letters detailing his assessment. I talked by telephone on 03/19/07 with, I believe, Dr. Maslow concerning Mr. Magee's disability. Dr. Maslow had not read the reports that I had written and seemed completely unfamiliar with the diagnosis of chronic fatigue syndrome. I feel that this is really inappropriate as chronic fatigue syndrome is a condition whose diagnostic criteria were assessed by the Centers for Disease Control and there has been significant research in the past few years. There have been roughly 1000 articles in the peer reviewed medical literature and it was my feeling that Dr. Maslow was unfamiliar with these. He seemed to want to concentrate on the fact that Mr. Magee had normal standard blood tests and has had some difficulty with secondary depression. In my opinion, his lack of insight into the nature of this illness with the peer reviewed medical literature and the lack of his familiarity with the reports that I had written meant that he has a significant bias and he is going to claim that Mr. Magee is perfectly well regardless of anything that I was to say. Overall, I find this somewhat disappointing.

I maintain that Mr. Magee is completely and totally disabled due to Chronic Fatigue Syndrome. He has objective medical findings which I have detailed previously. There is no primary emotional disturbance, factitious disorder, hypochondriasis that is causing Mr. Magee to miss work. If you have any specific questions please do not hesitate to call.

Very truly yours,



David S. Bell, M.D.

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David S. Bell MD, FAAP

I. General Information

Full Name: David Sheffield Bell, MD, FAAP
Date of Birth: August 5, 1945
Place of Birth: Beverly, Massachusetts
Home Address: 12841 Roosevelt Hwy, Lyndonville NY 14098
Home Telephone: 585-765-9062
Work Address: 77 South Main Street, Lyndonville, NY 14098
Work Phone: 716-765-2099 fax 716-765-2067
Citizenship: U.S.
Date of CV: June 1, 2006

II. Employment

Primary Care Pediatrics and Family Practice; 77 South Main St, Lyndonville, NY; 716-765-2099; September 1, 1995 - present

The Cambridge Hospital Staff Pediatrician, Private Practice May 1, 1994 - September 1, 1995; 1493 Cambridge Street, Cambridge, MA 02139. Description: Pediatric private practice and clinical research on chronic fatigue syndrome (half time position)

Emergency Department Physician May 1, 1994 - May 1, 1995. National Emergency Services, Medina Memorial Hospital, Medina, New York. Description: General Emergency Medicine (half time position)

The Cambridge Hospital Staff Pediatrician July 29, 1991 - May 1, 1994 1493 Cambridge Street, Cambridge, MA 02139 Description: a) Ward Chief: Supervision of pediatric ward at Cambridge Hospital b) Director of resident education program at Cambridge Hospital for the Massachusetts General Hospital pediatric house staff and medical students of the Harvard Medical School c) Practice of primary care pediatrics at Cambridge Hospital d) Pediatrician for the Cambridge Hospital Multidisciplinary AIDS program (Zinberg Clinic) e) Director of School Health for the City of Cambridge

The Cheney Chronic Fatigue Syndrome Clinic Charlotte, NC. Feb 6, 1991 - Nov 1991. Description: Travel to Charlotte five days a month. Pediatric evaluations and ongoing research in chronic fatigue syndrome in children.

Emergency Department Physician January 1, 1990 - July 1991. Coastal Emergency Services, Medina Memorial Hospital, Medina, New York. Description: General Emergency Medicine (full time position)

Pediatric Supervisor Jan 15, 1990 - May, 1990. Rochester General Hospital, Rochester, New York. Description: Supervision of pediatric residents in primary care pediatrics

Private Practice Dec 1979 - Nov 1990. 15 Lake Avenue, Lyndonville, New York 14098.

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Description: Primary care pediatrics;

Consultant to the University of Qatar Sept 1, 1986 - Jan 1, 1987. University of Qatar, Doha, Qatar. Description: Advisor to the University of Qatar medical school

Pediatrician for the Birth Defects Clinic July 1978 - Dec 1979. Strong Memorial Hospital, Rochester, New York. Description: Service coordination for handicapped children.

III. Education

Fellow of the American Academy of Pediatrics (FAAP degree), 1976
Boston University School of Medicine 1967-1971, MD Degree
Harvard University 1963-1967, AB Degree English Literature

IV. Post Doctoral Training

McMaster University, Hamilton, Ontario, Canada. 6/75 - 6/76 Fellowship in Pediatric Chronic Disease
McMaster University, Hamilton, Ontario, Canada. June 1975 - June 1976 Fellowship in Family Therapy
McMaster University, Hamilton, Ontario, Canada. June 1974 - June 1975 Senior Pediatric Residency
Kennedy Hospital, Brighton, Massachusetts. June 1973 - December 1973 Fellowship in Pediatric Chronic Disease
Boston City Hospital, Boston, Massachusetts. June 1972 - June 1973 Junior Pediatric Residency
Boston City Hospital, Boston, Massachusetts. June 1971 - June 1972 Pediatric Internship

V. Certification

Basic Life Support (B.L.S.) American Red Cross, Waterport, NY. 6/2/03
Neonatal Advanced Life Support (N.A.L.S.) Amer Academy of Pediatrics, Medina, NY. 3/11/98
Basic Life Support (B.L.S.) American Red Cross, Medina, NY. 10/23/95
Neonatal Advanced Life Support (N.A.L.S.) Amer Academy of Pediatrics, Medina, NY. 10/18/95
Advanced Trauma Life Support (A.T.L.S.), American Academy of Surgeons, 4/22/94
Advanced Cardiac Life Support (A.C.L.S.), American Heart Association, Boston, MA. 2/3/94
Physician's Recognition Award, American Medical Association, Chicago, IL. 2/94
Basic Life Support (B.L.S.) American Red Cross, Cambridge, MA. 6/93
Physician's Recognition Award, American Medical Association, Chicago, IL. 2/91
Advanced Trauma Life Support (A.T.L.S.), Amer Acad of Surgeons, Rochester, NY. 2/16/90
Advanced Cardiac Life Support (A.C.L.S.), American Heart Association, Buffalo, NY. 12/8/89
Pediatric Advanced Life Support (P.A.L.S.), American Heart Association, Phil, PA. 11/8/89
Basic Life Support (B.L.S.), American Red Cross, Medina, New York. 12/11/89
Physicians Recognition Award, American Medical Association, Chicago, IL. 8/6/86
Fellow of the American Academy of Pediatrics, Lic # 19191, 7/1/76 to Present
Board Eligible, Royal College of Physicians - Paediatrics (Canada), 6/1/76

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Certification in Family Therapy, McMaster University. 6/1/76
New York State Medicaid Provider Number: 00619310

VI. Medical Licenses

New York State Medical License Lic #132862 8/1/77 to Present.
Massachusetts Medical License Cert#34821; 1972 - 1976; 6/7/91 - 9/95
North Carolina State Medical License Lic # 39919 1/26/91 - 7/1/92.
D.E.A. Registration Lic #AB7896648 8/1/77 to Present.
College of Physicians and Surgeons (Can) Lic #28124 6/73 - 6/76

VII. Malpractice Insurance

Medical Liability Mutual Insurance Company; 2 Park Avenue, Rm 2500, NY, NY 10016; Policy # MP 045384-5 9/1/95 - present
Medical Malpractice Joint Underwriters Association of Massachusetts (JUA); 101 Arch Street, Boston, MA 02205 (617-330-1755) 7/30/91 - 9/1/95; Policy #13610
Century American Insurance Company; 2828 Croasdaile Drive, Post Office Box 15879, Durham, NC. 27704 1/1/90 - 7/1/91 (Coverage for NY Emergency Department services only)
Medical Protective Company; Fort Wayne, IN. 46885 2/1/91 - Present (Coverage for North Carolina Practice Only)
Physicians Reciprocal Insurers (PRI) 111 East Shore Road, P.O.Box 4300, Manhasset, NY. 11030 2/24/83 - 1/1/91; Tail Cover Purchased 1/1/91; Policy # 28962
HANYS Insurance Company, Inc. 74 North Pearl Street, Albany, NY. 12207 ;7/1/88 - 10/1/90; Policy Number 9012000590 (Excess Liability Coverage)
Medical Malpractice Insurance Association (MMIA);130 William Street, NY, NY.10038 (212-962-0210) 8/24/79- 2/24/83;Policy 82IP132862-4

As of 5/01/05 there have been no medical malpractice claims filed or pending.

VIII. Hospital Appointments

Courtesy

Medina Memorial Hospital, 200 Ohio Street, Medina, N Y. 14107; 2/1/01 to present

Inactive or Prior Appointments

Medina Memorial Hospital, 200 Ohio Street, Medina, N Y. 14107; 12/79 - 7/91. 5/1/94 to 2/1/01; Active medical staff
The Cambridge Hospital; 1493 Cambridge Street, Cambridge MA 02139;10/91-9/1/95.
Withdrawal from active staff because of move to New York 9/1/95
Massachusetts General Hospital; Fruit Street, Boston MA, Assistant in Pediatrics 2/92 - 5/95.
Withdrawal from active staff because of move to New York 9/1/95
Mount Auburn Hospital; Mount Auburn St., Cambridge, MA 02138. 11/91 - 5/95. Withdrawal from active staff because of move to New York 9/1/95
Roswell Park Memorial Institute; Elm and Carlton Streets, Buffalo, N Y. Consultant, Department of Clinical Immunology, 12/22/88 - 7/1/91. Withdrawn because move to Boston

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7/91

Strong Memorial Hospital; Rochester, NY. Instructor in Pediatrics, 6/77 - 7/91 Withdrawn because move to Boston 7/91

IX. Academic Appointments

State University of New York at Buffalo; Clinical Assistant Professor of Pediatrics 4/02 to present

Harvard Medical School; Instructor in Pediatrics, 7/91 - 9/95

State University of New York at Buffalo; Consultant in Clinical Immunology, 12/88 - 7/91

University of Rochester; Clinical Instructor in Pediatrics, 9/77 - 7/91

X. Other Professional Positions and Committee Assignments

Date Organization

10/04 – present; Board of Directors, The American Association for Chronic Fatigue Syndrome (AACFS)

10/04 – present; Editor, AACFS newsletter. The American Association for Chronic Fatigue Syndrome (AACFS)

9/27/03-11/1/05. Chairman, Chronic Fatigue Syndrome Advisory Committee, Department of Health and Human Services, Office of Public Health and Science.

5/1/02 Guest review - *Pediatrics*

4/1/02 Guest review - *Journal of Pediatrics*

5/20/01 Royal College of Paediatrics and Child Health, England; Observer/participant in CFS meeting on young persons questionnaire

1/26/01 Co-chair Pediatrics section, AACFS Clinical Conference; 1/27/01.

12/4/00 Panel member for NIH consensus committee on dysautonomia in chronic fatigue

3/00 Planning Board for National Institutes of Health "State of Science Conference on Chronic Fatigue Syndrome"

1/15/00 Guest Review - *Journal of Pediatrics*

10/1/98-1/01 Vice President, American Association for Chronic Fatigue Syndrome

10/1/98-10/1/99 Vice President, Medina Memorial Hospital Medical Staff

5/1/98 Advisor to the Chronic Fatigue Syndrome Coordinating Committee, National Institutes of Health, Pediatrics session

1/1/98-present Medical Advisor, Red Springs Communication

1/1/98-1/2001 Chairman, Department of Pediatrics, Medina Hospital, Medina, NY 14103

1/1/98-1/2001 Chairman, Obstetrics-neonatal committee, Medina Hospital, Medina, NY

8/97-10/98 Secretary/Treasurer. Medina Hospital Medical Staff

11/12/97 Bioethics Conference Chairperson, "Decision making at the end of life" Medina NY

2/97 Guest Editor of Pediatric edition of The Journal of Chronic Fatigue Syndrome

10/96-1/01 Chairperson of the clinical affairs subcommittee for the American Association for Chronic Fatigue Syndrome

1/96-10/96 Chairperson of the clinical session of the 2nd AACFS Clinical Conference

11/95-1/2001 Chairman of the Bioethics committee of Medina Memorial Hospital

11/95 Guest reviewer for special edition of the Journal for Psychiatric Research

4/95-10/96 Editor: American Association for Chronic Fatigue Syndrome Newsletter
5/94-1/01 Board of Directors, American Association for Chronic Fatigue Syndrome
10/93-3/94 Immunization Action Project Advisory Board
7/93-3/94 Medical Executive Committee, Cambridge Hospital
4/93-present Member of the American Association for Chronic Fatigue Syndrome
10/92-9/94 Physicians Review Committee of the Center for Disease Control chronic fatigue syndrome project. Abt Associates, Cambridge, MA.
7/92-present Editorial Board of The Journal of the Chronic Fatigue Syndrome
7/92-10/97 Board of Directors, The CFIDS Association of America, Charlotte, NC.
2/92-12/95 Medical Advisory Board of the International Federation of M.E. (Myalgic Encephalomyelitis) Associations.
11/91-3/94 General Pediatric Education Review Group, Massachusetts General Hospital, Harvard Medical School (Resident Primary Care Curriculum Planning)
11/91-3/94 House Staff Training and Education Committee, Massachusetts General Hospital, Harvard Medical School (Educational Planning of Harvard Medical School Pediatric House Staff)
8/91-3/94 Residency Education Committee, Cambridge Hospital, Harvard Medical School Development of educational training for Pediatric residents
8/91-3/94 Pharmacy and Therapeutics Committee, The Cambridge Hospital
8/91-1/94 Strategy and Program Subcommittee, The Cambridge Hospital
8/91-1/93 Tobin School Air Quality Committee (To evaluate issues regarding "sick building syndrome" at the Tobin School in Cambridge, MA)
7/91-3/94 Cambridge Hospital Emergency Ward Committee
7/91- 7/1/94 School Health Task Force, City of Cambridge
7/91-present Advisor to the Association of Young People with Myalgic Encephalomyelitis
7/91-8/99 CFIDS Association of America, Scientific Advisory Committee
1/90-7/92 CFIDS Association of America, Medical Advisor
1/90-6/91 Vice President, World Life Institute, Waterport New York
1976-present Member of the American Academy of Pediatrics

XI. Honors

5/1/02 Selection for entry in One Thousand Great Americans, International Biographical Center, Cambridge, UK.
10/00 Opening Address at State of the Science Conference on CFS National Institutes for Health
9/98 Inclusion in Marquis Who's Who in America
10/97 Nominated for the Marquis Who's Who in America
3/95 Inclusion in Sterling Who's Who Directory, New York, NY
1/90 Inclusion in the Chronic Fatigue Association Honor Roll, Charlotte, North Carolina

XII. Invited Lectures

2006
CFS – a review; Dayton Ohio, 4/1/06

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2005

"Twenty year follow-up of adolescents with chronic fatigue syndrome" Advances in Understanding and treating chronic fatigue syndrome and fibromyalgia, Utah Medical Association. April 15, 2005

"Health Identity Confusion." International conference on Fatigue Science. Kurizawa, Japan. 2/8/05

"Autoantibodies to the muscarinic acetylcholine receptor in chronic fatigue syndrome." Chronic fatigue syndrome conference, Salt Lake City, Utah, 4/16/05

2004

"The CFSAC recommendations delivered to the Hon Secretary Thompson"; NJ Medical Conference, 11/7/04

"Fluid and ADH changes in CFS". NJ Medical Conference 11/7/04

"The role of ADH and Blood Volume in CFS". AACFS conference 10/11/04

"The CFS Advisory Committee, a Review of the Recommendations of 2004". AACFS conference 10/12/04.

"Chronic fatigue syndrome in adolescents. New York State Association of School Nurses". 3/27/04

2003

New Developments in Myalgic Encephalomyelitis; Burlington, Ontario ME Society, 10/1/03

2002

Orthostatic Intolerance in chronic fatigue syndrome; Vanderbilt University; September 10, 2002

2001

Evaluation of Orthostatic Tolerance in the Office Setting. New Developments in the Clinical Management of CFS; Monmouth medical center 10/14/2001

Thirteen year follow-up of Children and Adolescents with CFS. Royal College of Physicians, London, England 5/23/01

Thirteen year follow-up of Children and Adolescents with CFS. American Association for Chronic Fatigue Syndrome Research and Clinical Conference (AACFS); 1/27/01.

Treatment Options for CFS. American Association for Chronic Fatigue Syndrome Research and Clinical Conference (AACFS); 1/29/01

2000

Provision of Care for Invisible Disabilities Chatham Health Dept. Chatham, MA 12/10/00

Chronic fatigue syndrome and primary care - Opening Address at State of the Science Conference on CFS NIH

Invisible disabilities Conference on access to disability; Hyannis, MA; 12/7/00

1998

"Ask the Experts Panel" 4th American Association for Chronic Fatigue Syndrome conference, Boston, MA 10/10/98

Co-Chairperson Pediatric Panel, 4th American Association for Chronic Fatigue Syndrome conference, Boston, MA 10/10/98

ML0092

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"15 year follow-up of children with chronic fatigue syndrome" ; Conference 98, Association for Youth with Myalgic Encephalomyelitis, Milton Keynes, England 8/30/98

"New Developments in Chronic Fatigue Syndrome" ; London, England 8/26/98

"Chronic Fatigue Syndrome"; Connecticut CFIDS Association, Hartford Ct 6/6/98 5/22/98

"15 year follow-up of children with chronic fatigue syndrome" Lehigh Valley Medical Education Series, Allentown, PA. 5/20/98.

"15 year follow-up of children with chronic fatigue syndrome" Chronic fatigue syndrome coordinating committee, Department of Health and Human Services, Hubert H Humphrey Building, 4/28/98

"Current considerations concerning chronic fatigue syndrome in adolescents" Center for Disease Control, Atlanta, Ga 3/2/98

"Treatment Consensus" Panel Moderator; The Clinical and Scientific Basis for Chronic Fatigue Syndrome, Sydney, Australia, 2/14/98

"Spectrum of Illness in Pediatric CFS", The Clinical and Scientific Basis for Chronic Fatigue Syndrome, Sydney, Australia, 2/14/98

"Blood volume, vasopressin and CFS", The Clinical and Scientific Basis for Chronic Fatigue Syndrome, Sydney, Australia, 2/15/98

"Review of chronic fatigue syndrome" Dunedin Hospital Grand rounds, Dunedin, New Zealand 2/24/98

"Review of chronic fatigue syndrome" Christchurch Physician rounds, Christchurch, New Zealand 2/20/98

1997

"Medical Ethics: Role in Primary Care" Medina, NY, 11/12/97

"Chronic Fatigue Syndrome in Children" Pediatric ME Symposium, Copenhagen Denmark, 8/22/97

"Chronic Fatigue Syndrome in Children" Oslo, Norway, 8/26/97

1996

"Diagnostic criteria for chronic fatigue syndrome in children under ten." 1996 American Association for Chronic Fatigue Syndrome Research Conference, San Francisco, CA 10/11/96

"Welcoming Address" 1996 American Association for Chronic Fatigue Syndrome Clinical Conference, San Francisco, CA 10/13/96

"Chronic fatigue syndrome in adolescence." 1996 AACFS Clinical Conference, San Francisco, CA 10/13/96

"Recent Advances in Chronic Fatigue Syndrome" Dayton, Ohio 5/10/96

"Chronic Fatigue Syndrome" Environmental Health Nursing Annual Meeting, Rochester, NY 5/3/96

1995

"Children with Chronic Fatigue Syndrome" CFIDS Association Meetings, 9/23/95

"Children with Chronic Fatigue Syndrome", Midwest CFS Conference. Flint Michigan. 4/7/95

"Children with Chronic Fatigue Syndrome", Connecticut State Education Department Conference of the Education of Children with Chronic Fatigue Syndrome, Waterbury, CT 3/1/95

"Myalgic Encephalomyelitis in America" ME Association meetings, Otago, New Zealand 2/10/95

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"Children with Myalgic Encephalomyelitis", ME Association meetings, Otago, New Zealand
2/10/95

"A Review of Chronic Fatigue Syndrome" Grand Rounds at The Berkshire Hospital, 1/12/95

1994

"A Review of Chronic Fatigue Syndrome" Grand Rounds at The Cambridge Hospital,
Cambridge MA; 11/1/94

Co-Chair of Session IX: CFS in Children and Adolescents; 1994 American Association for
Chronic Fatigue Syndrome Clinical Conference; Ft Lauderdale, FL 10/10/94.

"Ask the Experts": Panel Discussion. American Association for Chronic Fatigue Syndrome
Clinical Conference, 10/9/94.

"Chronic Fatigue Syndrome" Grand Rounds Berkshire Medical Center. 10/28/94.

"Chronic Fatigue Syndrome" Grand Rounds Manchester General Hospital, Manchester NH.
9/7/94.

"Proposed Diagnostic Criteria for CFS in Children" Massachusetts CFIDS Association, Newton-
Wellesley Hospital 65/25/94.

1993

"Proposed Diagnostic Criteria for CFS in Children" Case Definition Conference; Centers for
Disease Control, Atlanta, GA, 9/27/93

"Chronic Fatigue Syndrome - Recent Advances" Massachusetts CFIDS Association Newton MA
11/8/93

"CFS in Children" Rhode Island Hospital, 5/23/93

"ME/CFS in Children" 3rd Annual Principal Investigator Scientific Retreat. HEM
Pharmaceuticals. 1/8/93

1992

"Chronic Fatigue Syndrome: Review "American Academy of Family Practice 44th Annual
Meeting. San Diego CA; 10/16/92

"Children with Myalgic Encephalomyelitis" Child Study Day, ME Association, Newcastle,
GB 10/12/92

"Juvenile primary fibromyalgia syndrome and chronic fatigue syndrome in adolescents" 1st
International CFS research conference, Albany, NY 10/3/92.

"Chronic fatigue syndrome in children" 1st International CFS clinical conference, Albany, NY
10/2/92.

"CFIDS in Children, Recent Advances" University of South Florida College of Medicine;
3/14/92

1991

"Sick Building Syndrome - Possible Relationship to Chronic Fatigue Syndrome?" Harvard
School of Public Health Harvard Medical School, Boston, MA; 12/9/91

"Chronic Fatigue Syndrome - Recent Advances" Massachusetts CFIDS Association, Newton
MA 12/8/91

"Chronic Fatigue Syndrome" 17th Annual Symposium on Infection Control Rochester, NY;
10/25/91

"Chronic Fatigue Syndrome" 10th Annual Medical-Surgical Conference, Buffalo, New York;

ML0094

10/25/91

"Chronic Fatigue Syndrome" 43rd Annual Convention of The American Academy of Family Physicians Washington, DC 9/27/91

"Chronic Fatigue Syndrome in Children" Pediatric Grand Rounds Harvard Medical School, The Cambridge Hospital; 5/24/91

"Chronic Fatigue Syndrome in Children" New Hampshire CFIDS Support Group Concord, NH, 5/21/91

"Chronic Fatigue Syndrome Physicians Roundtable", New Orleans; 5/18/91

1990

"Chronic Fatigue Immune Dysfunction Syndrome in Children" Pediatric Grand Rounds, Rochester General Hospital, 12/15/90

"Overview of Chronic Fatigue Syndrome" University of Rochester Chronic Fatigue Symposium, Rochester, NY. 12/5/90

"Retroviral Sequences in Children with Chronic Fatigue Syndrome" The CFIDS Association 1990 Research Conference Mecklenburg County Medical Society Charlotte, NC. 11/17/90

"Radiation Carcinogenesis" Radiation Emergency Management Seminar Genessee Hospital, Rochester, NY. 10/30/90

"Chronic Fatigue Syndrome" Occupational Health Nurses Association Annual Meeting Buffalo, NY 9/21/90

"Chronic Fatigue Syndrome : Well into the 90's: Choices and Changes in Women's Health" Rochester General Hospital, 9/19/90

"Retroviral Sequences in Children with Chronic Fatigue Syndrome" XI th International Congress of Neuropathology Kyoto, Japan. 9/4/90.

"Chronic Fatigue Syndrome in Children" Univ of Oregon Portland, Oregon. 7/14/90

"Chronic Fatigue Syndrome in Children" First Annual CFIDS Lecture, University of Massachusetts, Worcester, MA. 6/2/90

"Myalgic Encephalomyelitis/Chronic Fatigue Syndrome in Children" Myalgic Encephalomyelitis - First World Symposium London, UK. 4/11/90

"Chronic Fatigue Syndrome: The Role of Psychiatry" Psychiatry Grand Rounds. University of Rochester, NY. 4/4/90

"Radiation Hazards: Induction of Malignancy" Radiation Emergency Management Seminar Rochester, NY. 3/9/90

1989

"Chronic Fatigue Syndrome in Children: Role of Symptom Severity Rating" Chronic Fatigue Syndrome and Fibromyalgia: First International Conference Los Angeles, California. 2/16/89.

"Chronic Fatigue Syndrome - A Specific Disease" Management of Infectious Diseases in the School Setting New York State Association of School Nurses Rochester, NY. 11/10/89

"Chronic Fatigue Syndrome in Children: A Review" The First Chronic Fatigue Syndrome Great Lakes Conference, The Medical College of Wisconsin; Milwaukee, WI. 10/21/89

1988

"Chronic Fatigue Syndrome" Grand Rounds: DeGraf Hospital N.Tonawanda NY 12/14/88

"Chronic Fatigue Syndrome in Children" Chronic Fatigue Syndrome Symposium Anaheim, CA 11/22/88

"Chronic Fatigue Syndrome: Round Table Discussion" RI CFS Symposium Newport, RI.
10/21/88
"Chronic Fatigue Syndrome: Clinical Presentation in Children" Third International Symposium
on Epstein- Barr Virus and Associated Malignant Diseases Rome, Italy. 10/6/88
"Chronic Fatigue Syndrome" Grand Rounds: Mount St. Mary's Hospital, Niagara Falls, NY.
6/27/88
"Chronic Fatigue Syndrome: Clinical Aspects in Children" The National CFS Association
Meeting, Kansas City, Kansas. 5/21/88
"Epidemiology of the Chronic Fatigue Syndrome" The National Conference (Australia) of the
ME Society Adelaide, Australia. 3/12/88

1987
"Chronic Fatigue Syndrome - Clinical Presentation" The CEBV Assoc Meeting Portland,
OR 11/17/87

XIII. Invited Reviews

Gerrity TR, Bates J, Bell DS, Chrousos G, Furst G, Hedrick T, Hurwitz B, Kula RW, Levine
SM, Moore RC, Schondorf R. Chronic Fatigue Syndrome: What Role Does the Autonomic
Nervous System Play in the Pathophysiology of This Complex Illness?
Neuroimmunomodulation 2002 Dec;10(3):134-141
Bell DS. Chronic Fatigue Syndrome. in Stockman JA, Lohr JA. Ambulatory Pediatrics. W.B.
Saunders Company , 2001 p74.
Bell DS, Chester A, Levine PH, Rowe PC, Natelson BH. Chronic fatigue syndrome: can it be
treated? Medical Crossfire. 1999; 1:36-45.
Bell DS. Guest Editorial. Journal of Chronic Fatigue Syndrome. 1997;3:1-2.
Bell DS. Diagnosis of CFS in Children and Adolescents: Special Considerations. In Clinical
Management of Chronic Fatigue Syndrome. Haworth Press; Binghamton, NY. 1996. p. 29-39.
Bell DS. Chronic fatigue syndrome in children: a review. Journal of Chronic Fatigue
Syndrome. 1995;1:9-33
Bell DS. Diagnosis of chronic fatigue syndrome in children and adolescents: special
consideration. JCFS. 1995; 1: 29-36.
Bell DS. Chronic fatigue syndrome update. Postgrad Med 1994; 96:73-81.
Bell DS, Concemi P. Chronic fatigue syndrome: psychotropic or immunologic therapy? CNS
Drugs. 1994;1:348-355.
Bell DS. Book Reviews: Pediatric Diagnosis. Current Surgery 1993; 50:1-2.
Bell DS. Chronic Fatigue Syndrome: Recent Advances in Diagnosis and Treatment Postgrad
Med 1992;91:245-52.
Bell DS. Children with ME/CFIDS: Overview and review of the literature. In Hyde BM, Ed. The
Clinical and Scientific Basis of Myalgic Encephalomyelitis Chronic Fatigue Syndrome.
Nightingale Research Foundation, Ottawa, Canada, 1992 p.209-18.
Bell DS, Bell KM. The post-infectious chronic fatigue syndrome: diagnosis in childhood. In
Ablashi D.V. et al, Eds. Epstein-Barr Virus and Human Disease Humana Press, 1989, 412-417.

XIV. Papers Published

- Bell DS, Jordan K, Robinson M. Thirteen year follow-up of adolescents with chronic fatigue syndrome. *Pediatrics*. 2001;107: 994-998.
- Streeten DH, Thomas D, Bell DS. The roles of orthostatic hypotension, orthostatic tachycardia, and sub-normal erythrocyte volume in the pathogenesis of the chronic fatigue syndrome. *Am J Med Sci*.2000; 320(1):1-8.
- Streeten D, Bell DS. Circulating Blood Volume in Chronic Fatigue Syndrome. *JCFS*.1998; 4: 1-12
- Bell DS. Illness onset characteristics in children with chronic fatigue syndrome and idiopathic chronic fatigue. *Journal of Chronic Fatigue Syndrome*.1997;3:43-53.
- Ash-Bernal R, Wall C, Komaroff A, Bell D, Oas JG, Payman RN, Fagioli LR. Vestibular function test anomalies in patients with chronic fatigue syndrome. *Acta Otolaryngol (Stockh)*.1995; 115: 9-17.
- Bell DS, Concemi P. Chronic fatigue syndrome: psychotropic or immunologic therapy? *New Ethicals (New Zealand) Adis International*; September1994;1-6.
- Bell DS, Bell KM, Cheney PR. Primary juvenile fibromyalgia syndrome and chronic fatigue syndrome in adolescents. *Clinical Infectious Diseases*. 1994; 18 Suppl 1: S21-S23
- Lieberman J, Bell DS. Serum angiotensin-converting enzyme as a marker for the chronic fatigue immune dysfunction syndrome: a comparison to serum angiotensin-converting enzyme in sarcoidosis. *American Journal of Medicine*. 1993; 95:407-12.
- Komaroff AL, Bell DS, Cheney PR, Lo S-C. Absence of antibody to mycoplasma fermentans in patients with chronic fatigue syndrome. *Clinical Infectious Diseases*. 1993; 17(6): 1074-5
- Terunuma H, Bell DS, Maul G, Hilliard B, Cheney PR, Koprowski H, DeFreitas E. Isolation of a human retroviral-like agent related to human T lymphotropic virus type II. Submitted for publication
- Gunn WJ, Komaroff AL, Levine SM, Connell DB, Bell DS, Cheney PR. Inability of Retroviral Tests to Identify Persons with Chronic Fatigue Syndrome. *CDC MMWR* February 19, 1993.
- DeFreitas E, Hilliard B, Cheney P, Bell D, Kiggundu E, Sankey D, Wroblewska Z, Palladino M, Woodward JP, Koprowski H. Retroviral Sequences Related to human T-lymphotropic virus type II in patients with chronic fatigue immune dysfunction syndrome. *Proc. Natl. Acad. Sci*. 1991; 88:2922-2926.
- Bell KM, Cookfair D, Bell DS, Reese P, Cooper L. Risk factors associated with chronic fatigue syndrome in a cluster of pediatric cases. *Rev Inf Dis*1991; 13 (Suppl 1): S32-38.

XV. Other Medical Publications

- Bell, DS, Vojdani A, Bell DE. Autoantibodies to the muscarinic acetylcholine receptor in chronic fatigue syndrome. Poster presentation, International Conference on Fatigue Science, Kurizawa, Japan. 2/14/05
- Bell DS. Treating Pediatric CFS. *The Research Review*. 2000; 1:1-5.
- Streeten D, Bell D. Long- and short-term blood pressure and RR-interval variability and psychosomatic stress in chronic fatigue syndrome [letter]. *Clin Sci* 1999; 97:319-320.
- Bell DS. Spectrum of Illness in Pediatric CFS. *Proceedings of The Clinical and Scientific Basis for Chronic Fatigue Syndrome*, Sydney, Australia, 2/14/98
- Bell DS. Blood volume, vasopressin and CFS; *Proceedings of The Clinical and Scientific Basis*

- for Chronic Fatigue Syndrome, Sydney, Australia, 2/14/98
- Streeten D, Bell DS, Thomas FD. Circulating Blood Volume in Chronic Fatigue Syndrome. Proceedings of VIII International Symposium on the Autonomic Nervous System, American Autonomic Society. Honolulu, Hawaii 11/2/97.
- Bell DS, Ernst SG, Partin JS, Aprille JR. Muscle Mitochondria studies in chronic fatigue syndrome. Proceedings of the American Association for Chronic Fatigue Syndrome Research Conference, 10/94.
- Bell DS. Chronic fatigue syndrome [Letter]. Am J Psychiat 1992; 149: 1753.
- Lieberman J, Bell DS. Serum angiotensin-converting enzyme as a marker for the chronic fatigue immune dysfunction syndrome. Poster Presentation. Seventh annual Centers for Disease Control Conference on Chronic Disease, Salt Lake City, Utah, October 21-23, 1992.
- Bell DS, Bell KM, Cheney P. Juvenile primary fibromyalgia syndrome and chronic fatigue syndrome in adolescents. In Proceedings: International CFS/ME Research Conference, Albany, NY 10/4/92
- Lieberman J, Bell DS. Serum angiotensin converting enzyme (SACE): A diagnostic aid for chronic fatigue syndrome [Abstract]. Clin Res 1991; 39:129A.
- Gunn WJ, Komaroff A, Levine S, Connell DB, Bell DS, Cheney PR. Multi-lab retrovirus test results for CFS patients from three distinct geographical areas. In Proceedings: International CFS/ME Research Conference, Albany, NY 10/4/92.
- Bell DS, Cheney P. Reversed CD4/CD8 ratio in three adolescents with chronic fatigue syndrome. [Abstract] In Proceedings: International CFS/ME Research Conference, Albany, NY 10/4/92.
- DeFreitas E, Hilliard B, Cheney P, Bell D, Kiggundu E, Sankey D, Wroblewska Z, Koprowski H. Evidence of Retrovirus in Patients with Chronic Fatigue Immune Dysfunction Syndrome [Abstract]. XIth International Congress of Neuropathology; Kyoto, Japan, 9/90.
- Bell DS. Introduction. In Feiden, K Hope and Help for Chronic Fatigue Syndrome Prentice Hall Press, NY 1990
- Cheney PR, Dorman SE, Bell DS. Interleukin-2 and the chronic fatigue syndrome [letter]. Ann Intern Med. 1989; 110: 321.
- Warner CL, Cookfair DL, Heffner RR, Bell DS, Ley D, Jacobs L. Neurologic abnormalities in the chronic fatigue syndrome [Abstract]. Neurology 1989; 39(Suppl 1):420
- Warner CL, Cookfair D, Heffner R, Bell D, Ley D, Jacobs L. Neurologic Abnormalities in the Chronic Fatigue Syndrome. Poster Presentation at the 1989 meeting of the American Academy of Neurology. Chicago, Ill, March 1989.
- Bell DS, Bell KM. Chronic Fatigue Syndrome: Clinical Presentation in Pediatrics. Proc. 3rd International Epstein-Barr Virus Association Meeting [Abstract]. Rome, Italy. October 3-7, 1988.
- Bell DS, Bell KM. "Chronic Fatigue Syndrome: Diagnostic Criteria" [Letter]. Ann Intern Med 1988; 109(2):167.
- Bell KM, Cookfair D, Reese P, Bell DS, Cooper G. Risk Factors Associated with Chronic Fatigue Syndrome in Children [Abstract]. Am J Epidemiol 128:899 1988.

XVI. Books Published

- Bell, DB. Faces of CFS. Robinson Publications, 2000
- Bell DS, Pollard J, Banks M, Robinson M, Robinson T, Mosler D. A Parents Guide for Children

with Chronic Fatigue Syndrome. Haworth Press, October 1998
Bell DS. The Doctor's Guide to Chronic Fatigue Syndrome Addison-Wesley, Boston, 1994.
Bell DS, Donev S. Curing Fatigue. Rodale Press; Emmaus, PA, 1993.
Bell DS. CFIDS: The Disease of a Thousand Names Pollard Publications, Lyndonville, NY, 1991.
Bell DS. A Time To Be Born Wm Morrow and Co., New York City, 1974.

XVII. Continuing Medical Education

2006

- A) 27th Annual Office Practice of Primary Care; Harvard Medical School Department of Continuing Medical Education Boston, MA, March 20-24, 2006; 38.5 Category I credits.
- B) Pediatric Rounds: A focus of allergic rhinitis; National Jewish Pediatric Resedarch Center. 1 Hr Cat I credit.
- C) University of Rochester. Epilepsy Update 5/18/06. 6 Category I credits

Peer reviewed medical literature equivalent to 10 hours of Category I credit as per AMA regulations:

- 1. Bell DS, Milke T. CFS in Children. in Natelson B, ed. Fatigue Science in Human Health. Verlag Springer, Tokyo, in Press 10 hours Category I credit hours
- 2. Pediatric Diagnostic Criteria for Chronic Fatigue Syndrome/Myalgic Encephalomyelitis. Journal of the Chronic Fatigue Syndrome. Accepted for publication. 10 hours Category I credit hours

2005

- A. International Conference on Fatigue Science, Kurizawa, Japan 2/14/05-2/17/05; 24 hours of continuing education, no AMA category classification.
- B. Update in Primary Care; PriMed, Rochester, NY 4/7/05-4/8/05; 16.25 Category I.
- C. Advances in understanding and treating chronic fatigue syndrome and fibromyalgia, Utah Medical Association. Salt Lake City, Utah, 4/16/05-4/17/05; 8 hours Category I.

2004

- A) Update in General Internal Medicine for Subspecialists; Harvard Medical School Department of Continuing Medical Education Boston, MA, February 2-6, 2004; 35.5 Category I credits.
- B) CME-lect. Acute Otitis Media; 1.5 hours Category I
- C) American Association for Chronic Fatigue Syndrome biannual Conference. Centers for Disease Prevention and Control and the Wisconsin Health Department, Madison, Wisconsin. 10/10/04-10/12/04. 18 Hours Category I.
- D) New Jersey Medical Society/ Monmouth Medical Center, 11/7/04; 2 hours Cat I.
- E) Neurology for the Primary Care Provider XI: University of Rochester, 12/2/04; 5.0 hours Cat I.

2003

- A) The 4 myths of mild asthma. Medical World Conferences, Rochester New York. February 15, 2003; 4 hours category I.

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- B) Infection Control Course, New York State, J. Crane, Medina Memorial Hospital; 2/18/03. 1 Hour Category I credit.
- C) Preventative cardiology; University of Cincinnati College of Medicine; March 14, 2003; 2 hours Category I.
- D) Primer for Effective Diabetes Management; CEU Online; 4/1/03; 1 hour Category I.
- E) Clinical Research: One manuscript in preparation.
- F) Basic life support; AED, Waterport NY 6/2/03 3 hours category I
- G) Migraine Update for Primary Care, Rochester, NY 6/3/03; 4.25 hours category I.
- H) 30th Refresher Course in Family Practice; Lawrence Convention Center, Pittsburg PA; 6/12/03-6/14/03; 22.5 Category I hours.
- I) Prescriber's Letter; PO Box 8190 Stockton, CA; 3 hours Category I.

2002

Primary Care Internal Medicine, Principles and Practice; Harvard Medical School, Department of Continuing Education; Boston, MA; Sept 30 - October 4, 2002; 38.5 Category I credits
 Atypical Antidepressants; Eli-Lilly continuing education Series, Buffalo, NY 2/12/02; 1 hour Category I.
 Prescriber's Letter CME; Therapeutic Research Center, Stockton, CA; 7.0 hours Category I.
 Practical Reviews in Family Medicine; Albert Einstein College of Medicine; 1/12/2002 thru 5/30/2002; 4 hours Category I.

2001

Prescriber's Letter CME; Therapeutic Research Center, Stockton, CA; 9.0 hours Category I.
 Practical Reviews in Family Medicine; Albert Einstein College of Medicine; 1/12/2000 thru 11/30/2001; 9 hours Category I.
 Practical Reviews in Pediatrics; Johns Hopkins Medical Institutions Continuing Medical Education; 1/12/2000 thru 11/30/2001; 18 hours Category I
 New Developments in the Clinical Management of CFS; Monmouth medical center 10/14/2001; 3 hrs Cat I.
 Pediatric Infectious Diseases. University of Rochester. 9/20/01; 6.75 Cat I hr
 Myalgic Encephalomyelitis, New Developments. Royal College of Physicians, London England; 6 hours, no US category assigned. 5/20/01
 Asthma and allergic disease; Blue Cross series; Dr. Condramni, Rochester NY; 4/18/01; 1 hr Cat I.
 NIH/US Department of Health and Human Services: Chronic Fatigue Syndrome State of the Science Conference; 3/09/01; 12 hrs Category I credit.
 American Association for Chronic Fatigue Syndrome Research and Clinical Conference; University of Calif; Seattle, WA; 1/26-1/29/01; 22.5 hrs Cat I

2000

Reviews in Family Medicine, Albert Einstein College of Medicine - Category I; 9 hours (estimated)
 Reviews in Pediatrics, Albert Einstein College of Medicine - Category I; 21 hours
 Dysautonomia in chronic fatigue syndrome, Washington DC; 14 Hours; no category assigned; 12/3-12/4.

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Controversies in Obesity Management, Annenberg Center, Buffalo, NY; 2.5 hours Cat I; 6/28/00
American Academy of Pediatrics, Spring session; 36 hours Cat I; 5/12/00-5-16/00
Pediatric Advanced Life Support-retraining; University of Rochester; 4 hours Category I;
1/11/00

1999

Neurology for the Primary Care Provider; University of Rochester, Rochester New York; 5
hours Category I - 12/9/99
Treating Attention deficit disorder; Rochester Academy of Medicine; 1 hour Category I;
3/18/99.

1998

Primary Care Internal Medicine: Principles and Practice. Harvard Medical School 11/2/98-
11/6/98; 41 hours Category I credit.
Primary Care Internal Medicine: Principles and Practice. Harvard Medical School 11/2/98-
11/6/98; 10 hours Risk Management Credit.
4th AACFS scientific and clinical conference, Boston, MA 10/10/98 - 10/13/98; 21 hours
Category I credit.
Pain Management in Oncology; P. LoRusso DO; ACPE 827-999-98-004-LO1; Medina Hospital;
7/23/98; 1 hour Category I credit.
Chronic Fatigue Syndrome Coordinating Committee Meetings, Department of Health and
Human Services, Hubert H Humphrey Building, 4/28/98; 5 hours; no CME category assigned
Nuclear Magnetic Resonance Imaging; Lockport MR; Medina NY; 1 hour; no CME category
assigned
Prevention of NSAID complications. J. Condemi, MD; Blue Cross Community Rounds, 3/19/98;
1 hour category I credit
Neonatal Advanced Life Support, American Academy of Pediatrics, Medina Hospital, Medina,
NY; 3/12/98; 4 hours category I credits
The Clinical and Scientific Basis of Chronic Fatigue Syndrome; Sydney Australia; 2/10/98-
2/14/98; 36 conference hours, Australian continuing medical education program.

XVIII. Grants

Chronic Fatigue Syndrome Surveillance Program, physician review panel; five year
extension grant from the Centers for Disease Control; Abt Associates, Cambridge, MA; 9/93 to
3/95.
"Family Care Program for HIV Infected Women and Children" Three year project funded by the
Public Health Service (\$404,146) 1/1990 to 1/94. Pediatric Consultant.
Chronic Fatigue Syndrome Surveillance Program, physician review panel; Abt Associates on
contract from the Centers for Disease Control; 6/92 to 9/93.
"A Study of the Relationship between non-Hodgkin's Lymphoma and Chronic Fatigue
Syndrome" One year project funded by the United Cancer Council 12/87. Co-Investigator .

David S. Bell MD, FAAP
77 South Main Street,
Lyndonville, NY 14098
585-765-2060

ML0101

070402055587

Metropolitan Life Insurance Company

MetLife Disability, PO Box 14592, Lexington KY 40511-4592
Phone: 800.300.4296 Fax: 1-800-230-9531

March 29, 2007

FAX TO: Dr. David S. Bell 585.765.2067

**Re: Long Term Disability
Claim No. 640407128904
Claimant: John Magee
Date of Birth: 12/07/1959**

Dear Dr. Bell:

MetLife is reviewing John Magee's appeal of MetLife's decision to deny or terminate benefits. To aid in our evaluation, an independent medical consultant review of the medical information was conducted by Joel Maslow MD board certified in Infectious Disease. Enclosed herein is a copy of the March 22, 2007 report of Dr. Maslow.

Please submit your comments on this report, specifically addressing but not limited to, Mr. Magee's impairments, restrictions and/or limitations. If you are not in agreement with this report, please submit clinical evidence in support of your conclusions.

Please fax your information to fax# 1-800-230-9531 and include the Claim #.

If we do not hear from you by April 15, 2007, we will assume that you do not intend to respond and we will proceed with the decision on your patient's appeal.

Should you have any questions, please contact me.

Sincerely,

Joanne Martin
MetLife Disability

**For efficient and prompt claim handling, all documents or correspondence
returned to us should contain the claim number.**

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intended only for the individual named above.**

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ML0102

070402055585

Metropolitan Life Insurance Company
PO Box 14590, Lexington, KY 400511-4590

MetLife®

Met Disability

March 29, 2007

John Magee
71 Ontario Street
Honeoye Falls, NY 144721123

RE: Long Term Disability
Claim #: 640407128904

Dear Mr. Magee:

We are continuing our review of your appeal of the claim denial. We find that we need an additional 45 days to render a decision on the appeal.

This extension is necessary for the following special circumstance(s):

We are reviewing your Long Term Disability claim. We had an Independent Physician Consultant review your entire claim file. We have faxed the consultant's review to Dr. Bell so he may review and comment on this report.

Please be advised that if your Doctor does not respond to our request by April 15, 2007, we will make our determination with the medical information we have on file. Please contact your physicians to ensure they received our reports and are aware of the above due date.

If we can answer any questions regarding your disability claim, please contact our customer response center at the 800 number below.

Sincerely,

Joanne Martin
Appeals Specialist
Met Disability
(800) 300.4296
Fax #: 800.230.9531

ML0103

070402055610

Metropolitan Life Insurance Company
PO Box 14590, Lexington, KY 400511-4590

MetLife®

Met Disability

March 29, 2007

John Magee
71 Ontario Street
Honeoye Falls, NY 144721123

RE: Long Term Disability
Claim #: 640407128904

Dear Mr. Magee:

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If we can answer any questions regarding your disability claim, please contact our customer response center at the 800 number below.

Sincerely,

Joanne Martin
Appeals Specialist
Met Disability
(800) 300.4296
Fax #: 800.230.9531

ML0104

070402055609

Metropolitan Life Insurance Company

MetLife Disability, PO Box 14592, Lexington KY 40511-4592
Phone: 800.300.4296 Fax: 1-800-230-9531

March 29, 2007

FAX TO: Dr. David S. Bell 585.765.2067

**Re: Long Term Disability
Claim No. 640407128904.
Claimant: John Magee
Date of Birth: 12/07/1959**

Dear Dr. Bell:

MetLife is reviewing John Magee's appeal of MetLife's decision to deny or terminate benefits. To aid in our evaluation, an independent medical consultant review of the medical information was conducted by Joel Maslow MD board certified in Infectious Disease. Enclosed herein is a copy of the March 22, 2007 report of Dr. Maslow.

Please submit your comments on this report, specifically addressing but not limited to, Mr. Magee's impairments, restrictions and/or limitations. If you are not in agreement with this report, please submit clinical evidence in support of your conclusions.

Please fax your information to fax# 1-800-230-9531 and include the Claim #.

If we do not hear from you by April 15, 2007, we will assume that you do not intend to respond and we will proceed with the decision on your patient's appeal.

Should you have any questions, please contact me.

Sincerely,

Joanne Martin
MetLife Disability

For efficient and prompt claim handling, all documents or correspondence returned to us should contain the claim number.

The Information contained in the following pages is privileged, confidential and intended only for the individual named above.

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640407128904



HostMaster@acs-inc.com
03/30/2007 09:00 AM

To jmartin@metlife.com
cc
bcc
Subject Your fax to David S. Bell completed

From : Joanne Martin
Phone : 8003004296
Claimant : JOHN MAGEE
Fax# : 5857652067
Claim# : 640407128904
SentDate : Mar 30 2007 8:55AM
Pages : 8
SentStatus : completed

070402055599



HostMaster@acs-inc.com
03/30/2007 09:00 AM

To jmartin@metlife.com
cc
bcc
Subject Your fax to David S. Bell completed

From : Joanne Martin
Phone : 8003004296
Claimant : JOHN MAGEE
Fax# : 5857652067
Claim# : 640407128904
SentDate : Mar 30 2007 8:55AM
Pages : 8
SentStatus : completed

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March 22, 2007

NMR#: D56527.03

NMR
Network Medical Review
C O M P A N Y

FAX TRANSMITTAL

DATE: MAR 22 2007
TO: MICHELE MCCANN
METLIFE INSURANCE COMPANY
FAX#: (315)-792-5773
PHONE#: 315-792-2365 **EXT.**
FROM: MICHELLE KEITH
FAX#: 815-964-1162
PHONE#: 815-964-6334
TOLL FREE: 888-388-1667
PAGES: 7 (NMR)
RE: JOHN MAGEE
CLAIM#: 640407128904

COMMENTS:

The following is the report you requested on the above named claimant.
If you have any questions or concerns, please contact our office.

Thank You

The information contained in this facsimile message is intended for the personal and confidential use of the designated recipient(s) named above. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, and has received this document in error, Please notify me immediately by telephone so that the return of the document can be arranged.

Providers of Evidence-Based Medical Reports
605 Fulton Ave Suite 2002 Rockford, IL 61103
Telephone 815/964-6334 or 888/388-1667 Fax 815/964-1162

ML0108

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Providers of
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Medical Reports

Ms. Michele McCann
MetLife Insurance
5950 Airport Road
Oriskany, NY 13424

NAME: John Magee
CLAIM #: 640407128904
NMR #: D56527.03
JOB: Program Assurance Manager
DOB: 12/07/59
EMPLOYER: ITT Corp
DIS. DATE: 11/27/03
REF. DATE: 03/15/07
DIAG: CFS-MDD Recurrent-Orthostatic Hypotension
VENDOR TX: 364041877
DATE: 03/22/07

Dear Ms. McCann,

Thank you for referring this file for review to determine John Magee's level of functionality. Specific issues will be addressed at the end of the report.

RECORDS PROVIDED FOR REVIEW:

REFERRAL			1-3
CLAIM LOG		01/05/7	4
PROG NOTES	Alice M. Tariot, MD	02/05/04-02/13/06	5-12
PROG NOTES	Carolyn M. Cerame, LCSW	02/06/06	13
PROG NOTES	David S. Bell, MD	09/18/00-03/08/07	14-127
FILE REVIEW	Amy Hopkins, MD	11/05/04	128-130
FILE REVIEW	D. Dennis Payne, Jr., MD	05/03/06-06/15/06	131-136
FILE REVIEW	Ernest Gosline, MD	12/13/04	137-139
LAB		09/28/00-06/29/05	140-157
OTHER TESTS		09/28/00-07/07/03	158-161
MISC		07/07/03-02/05/07	162-203
ROI			204

TELECONFERENCE: A teleconference was conducted at 11:35 AM on 3/19/07 with Dr. Bell regarding Mr. Magee. Dr. Bell referred to his letter of March 7, 2007 in which he summarizes his past care and symptoms of the claimant. He provides rationale for his diagnosis of CFS for this individual and in the teleconference restated that he is unable to function except for a period of approximately 2 hrs each day. It was inquired as to the discrepancies noted below in objective findings of cognitive dysfunction, muscle and joint pains, and the lack of objective data to support these claims. The question of depression as a primary diagnosis was also discussed; Dr. Bell stated that in his opinion that this was not causative for this man's symptoms.

605 Fulton Avenue
Suite 2002
Rockford, Illinois 61103

Phone: 815-964-6334
Fax: 815-964-1162

E-Mail:
info@elitephysicians.com

Visit our website
www.nmrca.com



070322F08378

RE: John Magee
Page 2

NMR#: D56527.03
March 22, 2007



ASSESSMENT: Mr. Magee is a 48 year old man employed as a Program Assurance Manager for ITT. Case being reviewed for disability claim related to Chronic Fatigue Syndrome (CFS) and orthostatic hypotension for relevant dates from 8/31/06 to the present.

A letter dated 2/5/04 from Alice Tariot MD is addressed to Carolyn Cerame CSW and details psychiatric evaluation and medication management of the claimant. At the time of the letter the claimant was 44 years old and has been intermittently on disability from Kodak as a quality engineer for the year prior to evaluation. Past history is of an illness characterized by being sore (not otherwise specified) and tiredness all of the time; 5 years earlier he was diagnosed with CFS. Psychotherapy with Ms. Cerame is stated to have begun approximately in 1999 and in May 2003 claimant attempted an overdose with Percocet. He has been on multiple medications for pain and depression to include Prozac, Provigil, Amantadine, Ritalin, Wellbutrin, and Neurontin as well as tricyclic antidepressants. The physician notes that the interview was "difficult to assess his mood because of his denial about depression". The impression was that he was depressed and that he would benefit from a combination of medication and psychotherapy. Progress notes from this physician start April 19, 2004 with eight visits through December 15, 2005. The visits note a cyclic pattern of increased and decreased depression that were primarily related to patient initiated medication interruptions of anti-depressants prescribed by this physician. Throughout this time period there are discussions of sleep disturbances, mood swings, severe depression and suicidal thoughts. Other than one note that mentions that Mr. Magee considered that his CFS had worsened in late 2005 as a cause for some increased depression, there is no specific attention to this diagnosis by this physician. Medications during this time period included Wellbutrin then Bupropion and Citalopram.

A letter to MctLife from Carolyn Cerame CSW dated 2/6/06 states that Mr. Magee has been seen only once on 8/5/05 since July 2005 having had to cancel visits due to extreme exhaustion and pain. Although the pain is described in the letter as excruciating, as above, there is no sense as to the extent or involvement of the pain (muscle groups, exacerbating events, etc.).

Notes from David Bell MD (Board Certified in Pediatrics; with office specializing in Family Practice) commence 9/18/00 with a chief complaint of evaluation for CFS. History is described as paresthesias with legs achy with gradual onset starting in April 1995 with increasing fatigue over a year's period and then stable fatigue with depression starting (per patient) in the summer of 1999. Fatigue is stated to limit any activities to going and coming from work. Also described are sore throats that occur at least 3 times monthly, joint pain with morning stiffness, word-finding difficulties and difficulty in maintaining attention, light-headedness and balance disturbance. He has reportedly undergone muscle biopsy in the past. He presents with a diagnosis of fibromyalgia, CFS, and glaucoma. Physical exam notes vital signs of 95.3°F, pulse of 72, and BP of 122/72 and normal exam. Handwritten diagnoses are of restless legs, glaucoma, shellfish allergy, and back pain however, typed diagnoses also include CFS and back pain is changed to s/p back surgery. Provigil and stimulants (amantadine) and Ultram are prescribed. He considers that claimant meets CDC criteria for CFS with fatigue, disturbed sleep, muscle and joint pains, recurrent headaches, sore throat, and cognitive difficulties. Depression was not considered as an active diagnosis or problem. Discussed were studies to evaluate circulating blood volume, orthostatic testing, and blood testing for adrenal hormones. Orthostatic testing and adrenal hormones were normal. Therapeutic trial of modafinil, Provigil, and stimulants such as Amantadine were considered. He is seen on a regular basis at 4-6 month intervals. Medications include Modafinil, Celexa, baclofen, Vicodin, Ultram, and Darvocet. Notably there are comments that Mr. Magee appears depressed (for example see note of 5/1/03), yet there is no attempt to re-address this diagnosis

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NMR#: D56527.03
March 22, 2007



or condition. There are also notations that he still has significant joint pains for which he has been prescribed Vicodin and Darvocet as above, yet physical examinations at each 6-month visit and at initial evaluation documented normal musculoskeletal exam without joint tenderness, swelling, or effusion.

On return visit 6/18/03 he is seen after hospitalization for suicide attempt. There is notation of orthostatic hypotension "by rheumatologist" yet in this note as in all prior notes there is no evaluation for this condition by orthostatic vital signs and BPs have all ranged 110-120 systolic and 60-70 diastolic. A letter to Dr. Melanie Kates is dated 6/23/03 states that his CFS and depression has worsened with inciting events listed as joint pain due to his CFS. It is stated that his symptoms have not changed with any medication treatment to include Neurontin, Bupropion, tricyclic antidepressants (nortriptyline), Percocet. Blood volume testing cited above is stated to demonstrate idiopathic hypovolemia with red cell mass of 15.3 ml/kg and decreased plasma volume with low total blood volume of 38.2 ml/kg by chromium-51 testing. Orthostatic testing is stated to be scheduled for the following week. Orthostatic testing is performed 7/1/03 with blood pressure measurements on 96/60 with pulse of 80, 96/56 with pulse of 72, and 100/58 with pulse of 72 following infusion of IV saline with results interpreted as "clearly abnormal" in a letter dated 7/7/03 since there was immediate drop of systolic BP to 78/64 on standing. Notably the latter value is not listed in the note from 7/1/03. ECHO is stated to demonstrate borderline left ventricular hypertrophy. Notable is that patient has a weight of 250#. A note from 8/11/03 notes that discussion with Mr. Magee noted that he felt that Dr. Kates considered the diagnosis of pain and CFS as psychosomatic. From July 2003 onward there is clear indication of consideration of depression as a problem, although Dr. Bell's impression is of severe CFS, orthostatic intolerance, and idiopathic hypovolemia. A PICC line is inserted for treatment with IV fluids at home. He is seen on a nearly monthly basis through till March 2004 with little change in symptomatology although at some visits there is notation that his symptoms are better with IV fluids. Klonipine was added to his regimen during this time.

In March 2004 a letter "To whom it may concern" states that Mr. Magee is being seen for CFS and orthostatic intolerance. It is stated that "he has been having difficulties with cognitive function and short-term memory and has been more forgetful, which is characteristic of this illness." Up until this time there has been no specific testing for neuro-psych function nor has physical examination noted any cognitive deficits. In a letter dated 6/6/05 Dr. Bell states that an SF-36 was administered and that scores demonstrate marked disability. Testing was not performed by an unbiased third party. A letter to Mr. Magee from Dr. Bell dated 11/9/05 states that Dr. Bell is concerned about the level of Vicodin usage by the patient and that he is being asked to find another physician to assume active care since Dr. Bell is "moving to retirement". Office notes through 2/6/06 note essentially no change in symptomatology with Vicodin continued to be prescribed by this physician at one pill three times daily. Subsequent letters from Dr. Bell to Met Life dated 5/16/06 and March 2, 2007 object to physician evaluations of the case and denial of disability benefits and stress that Mr. Magee has a clear diagnosis of CFS per CDC criteria.

A Physician Consultant Review by Amy Hopkins, MD MPH PhD performed 11/5/04 did not agree with the diagnosis of CFS and considered Mr. Magee as fully functional without restriction.

A second review by D. Dennis Payne MD, Rheumatology, performed 5/3/06 and 6/15/06 also found no objective evidence of reason for the symptomatology as noted and considered the claimant as fully functional and without disability.

070322F08378

RE: John Magee
Page 4

NMR#: D56527.03
March 22, 2007



A third review performed 12/13/04 by Ernest Gosline MD addressed psychiatric aspects of the case and he considered that claimant was disabled from a psychiatric standpoint.

Laboratory data were reviewed and significant findings are presented here. Angiotensin II, anti-diuretic hormone, cortisol, catecholamines, and aldosterone were all normal September and October 2000. Rheumatology work-up included ANA, RF and B12. Folate levels were all within normal ranges in August 2004. Orthostatic testing 9/28/00 was normal. RBC mass and plasma volume determination 9/29/00 notes a plasma volume of 2611 with expected of 3634 and RBC volume of 1740 with expected of 2734. The results of this test are however in some degree of question since the clinical history is given as a 40-year old female with a clinical diagnosis of hypovolemia. A second round of testing for orthostatic hypotension dated 7/1/03 is also included. Baseline BP is given as 126/82 with initial recording standing as 78/64, subsequent values were close to baseline. Notable is that none of the recorded BP values and pulses match those listed in the office note from this date at the same time points.

A job description is consistent with this being a light duty position due to the need for continuous walking.

In summary, claimant is a 48 year-old man with disability claim for diagnosis of CFS. Notes from primary physician Dr. Bell state, symptoms include fatigue, cognitive dysfunction, joint aches, muscle aches, headaches, and sore throats. Relevant records of testing performed in Dr. Bell's office include those for orthostatic hypotension after saline loading and an SF-36. As noted in the review above, the complaints of joint and muscle aches are not supported by objective findings from physical examination; subjective claims of cognitive dysfunction are not supported by physical exam findings or neuro-psychiatric testing. Importantly, the records indicate the continued prescribing of pain medications used for a suicide attempt is questionable. A letter to the Mr. Magee from Dr. Bell regarding excessive Vicodin usage was not again addressed. The single SF-36 cannot be interpreted in isolation nor is there indication that this practitioner has experience to deliver or interpret this test. The findings of blood volume testing by Chromium-51 are in isolation and without clear symptoms of orthostasis. Importantly, there are no orthostatic recordings of blood pressure or pulse outside of testing performed in 2000 and 7/1/03. For the latter date, measurements recorded in the chart do not corroborate with those on the separate results sheet and thus which set of results are accurate is in question. Moreover, a single immediate recording of blood pressure depression after immediate change from supine to standing is not an accepted measure of orthostatic hypotension. Finally, at intake, the diagnosis of depression as a cause of the symptom complex exhibited by Mr. Magee was discounted despite concurrent records of treatment for depression and evidence of significant denial by the claimant. Even after a suicide attempt, Dr. Bell's assertion was that the CFS symptoms were the cause of the depression rather than the converse.

070322F08378

RE: John Magee
Page 5

NMR#: D66527.03
March 22, 2007



IN ANSWER TO YOUR SPECIFIC QUESTIONS:

- 1. MetLife's focus is on defining our claimant's level of functionality and abilities. Please define the claimant's current level of functionality based on your review of all material provided, medical documentation and/or physical examination according to DOT physical demands.**

The claimant would be considered as fully functional and without limitation from an Infectious Diseases standpoint.

- 2. This relates to an assessment of function, impairment and R/L's, related to the period in question beyond 8/31/06. Does the medical correlate to the diagnosis and meet the latest CDC criteria for this syndrome?**

The diagnosis of CFS is a diagnosis of exclusion, specifically requiring the exclusion of a diagnosis of depression. This patient does have evidence of depression; however, this is out of my area of expertise. From an infectious disease perspective, Mr. Magee does not meet the criteria for this syndrome.

Many of the symptoms said to be affecting this claimant are not supported by objective evidence such as physical exam with normal musculoskeletal findings and no cognitive dysfunction on exam. Therefore, CFS is not supported based on the objective evidence, from a physical, infectious disease perspective.

- 3. Does the medical information support functional limitations or restrictions (physical) beyond 8/31/06? Functional limitations include any reduction in ability to work full time.**

No.

- 4. If yes, specify the types of limitations the claimant would have.**

This question is not applicable

- 5. If yes, specify the objective, clinical findings/data noted in the records in support of functional limitations.**

This question is not applicable

- 6. If yes, specify the dates of the documents and the specific findings that support limitations.**

This question is not applicable

ML0113

070322F08378

RE: John Magee
Page 6

NMR#: D56527.03
March 22, 2007



7. If no, please describe using the above format.

Missing in the case is adequate exclusion of other conditions, specifically depression, as a cause for the multitude of symptoms. Psychiatric notes also suggest that depression is causative and as noted above, this diagnosis was discounted by Dr. Bell at intake and through May 2003 yet Mr. Magee was hospitalized the next month after a suicide attempt. Additionally, objective evidence such as cognitive dysfunction, joint abnormalities, is muscle abnormalities are missing. The diagnosis of orthostasis is not supported by the test results in the chart on 2000 and the results cited in 2003 are discrepant and even if true are not considered to meet standard diagnostic standards for this condition.

8. Does the record reflect what the employee's ADL capacity is and does it correlate to the symptoms and condition beyond 8/31/06?

No.

9. What is the provider's assessment of employee's ADL capacity after 8/31/06 to current?

As noted in the teleconference, the provider considers that Mr. Magee is only able to function at a limited level for 2 hrs total during the entire day, which is inconsistent with the records. Please see answer for number 7.

PHYSICIAN ADVISOR:

Joel Maslow MD PhD FACP
Board Certified Internal Medicine
Board Certified Infectious Diseases
Associate Professor of Medicine
University of Pennsylvania, School of Medicine
Philadelphia, PA
Licensed in State of PA # MD034344E



Utica_MD
Sent by: Kimberly J Herrin
03/08/2007 10:17 AM

To Joanne Martin/Bsg/MetLife/US@MetLife, Utica_MD@MetLife
cc
bcc
Subject REED for John Magee 1. Infectious Disease Board Cert in IM

Joanne Martin

REED

Medical/Vocational Index

MetLife
MetLife Disability
P.O. Box 14590
Lexington, KY 40511

Fax (866) 690-1264

IME/PFR REFERRAL

Claim #: 640407128904

To:

Requester: Joanne Martin Phone: 315.792.2567 WQ: U230

Approver Name & Title (type in):

Approver Phone:

From: Michele McCann UT
Office: Utica
Appeal File: Yes

Date of Referral: 03/08/2007
Fax Number:
Cost Center: 21101

Service requested:

PFR

Specialist Requested:

Infectious Medicine Board Cert in IM

Time frame for IME/PFR:

Please Contact Attending Physician via phone (for physician file review):

Yes

Claimant Name: John Magee
Employer Name: ITT Corp

SS#:
Report #: 303299

ML0115

Gender:	Male	D.O.B:	12/07/59
LDW:	11/26/2003	DDC:	11/27/2003
Claim Type:	LTD, Any Occ	Claimant's Job Title:	Program Assurance Manager
Primary Diagnosis:	CFS, MDD Recurrent	Secondary Diagnosis:	Orthostatic Hypotension
Attachments:		Clinical Attachments:	0
Misc.:			4
			3
			6
			0
			2
			4
			3

Billing Information

Department ID#:

G/L Account Number:

Product Code:

Brief Summary of the Claim: (Snap-shot of claim & issues that needs to be addressed):

RESPONSE TO APPEALS (M)

NC APPEAL REVIEW COMPLETED, CLINICAL MATRIX # 12, REFER TO INFECTIOUS DISEASE SPECIALIST, SEE NC ENTRY BELOW

REFERRAL TO CLINICAL (M)

MATRIX 12

MANDATORY DX, CHRONIC FATIGUE SYNDROME. THANK YOU. JMARTIN/AS
SEE 5/7/06 DIARY SUMMARY OF PFR REPORT NMR, DR PAYNE, RHEUMATOLOGIST
AND IM, SEE ALSO ADDENDUM REPORTNC REVIEWED DIARY AND NOTES EE ALSO OOW DUE TO MDD, RECURRENT AS
WELL AS CFS AND ORTHOSTATIC HYPOTENSION

DLW: 11/26/03, DOD: 11/27/03, CED: 08/31/2006, DETERMINED NOT

DISABLED ANY OCCUPATION

DEFINITION OF DISABILITY: ANY AND ALL

EMPLOYER: ITT INDUSTRIES

JOB TITLE/CLASS: PROGRAM ASSURANCE MANAGER

INFORMATION REVIEWED BY CLINICAL SPECIALIST FOR CLAIM DIRECTION:

BY DR. ALICE TARIOT T# 585-586-1600, FAX # 585-586-7951

PCS OPINED THAT MEDICAL DOES NOT SUPPORT A GLOBAL SEVERITY OF AT
THIS TIME BASED ON EE'S SECONDARY DIAGNOSIS OF MAJOR DEPRESSION.NC REVIEW ASSESSMENT/RECOMMENDATION: THERE IS A PSYCHIATRIC FORM 4/06
ACCOMPANIED BY THE LATEST PSYCHIATRIC TX NOTE, DATED 12/15/05.THERE IS A LETTER FROM EE'S THERAPIST IN 06, INDICATING THAT THE EE
MUST OFTEN CANCEL THERAPY SESSIONS DUE TO HIS REPORTED PHYSICAL
SYMPTOMS OF EXHAUSTION AND PAIN.NC WAS UNABLE TO LOCATE ANY MORE CURRENT PSYCHIATRIC TREATMENT
RECORDS OR CURRENT CLAIM OF IMPAIRMENT SECONDARY TO A PSYCHIATRIC
CONDITION. THE PRIMARY DISABLING CONDITION IS REPORTED AS CFS. EE
ALSO HAS COMORBID OF ORTHOSTATIC HYPOTENSION AND HX OF
MDD/RECURRENT.Attending Physician Information:

Name:

Alice Tariot, MD

AP's Phone:

585.586.1600

Address:

Additional Treating/ Consulting
Physicians & Locations:

David Bell, MD
585.765.2060

Specialty:

SPECIAL/CONTRACTUAL INSTRUCTIONS:

TESTING REQUESTED:

PROVIDER, ON ALL CLAIMS PLEASE INCLUDE IN YOUR IMPRESSION, THE FOLLOWING:

Metlife's focus is on defining our claimant's level of functionality and abilities . Please define the claimant's current level of functionality based on your review of all material provided , medical documentation and/or physical examination according to DOT physical demands.

Additional questions to be addressed by the provider:

A. THIS RELATES TO AN ASSESSMENT OF FUNCTION, IMPAIRMENT AND R/L'S, RELATED TO THE PERIOD IN QUESTION BEYOND 8/31/06.

DOES THE MEDICAL CORRELATE TO THE DIAGNOSIS AND MEET THE LATEST CDC CRITERIA FOR THIS SYNDROME ?

DOES THE MEDICAL INFORMATION SUPPORT FUNCTIONAL LIMITATIONS OR RESTRICTIONS (PHYSICAL) BEYOND 8/31/06 ?

FUNCTIONAL LIMITATIONS INCLUDE ANY REDUCTION IN ABILITY TO WORK FULL TIME.

IF YES:

A. SPECIFY THE TYPES OF LIMITATIONS THE CLAIMANT WOULD HAVE:

B. DESCRIBE THE SPECIFIC, CLINICAL FINDINGS/DATA NOTED IN THE RECORDS IN SUPPORT OF FUNCTIONAL LIMITATIONS:PLEASE LIST EACH DOCUMENT REFERRED TO ABOVE INCLUDING

PROVIDER'S NAME

SPECIALTY

DATE OF VISIT

CLINICAL FINDINGS

IF NO:

C. PLEASE DESCRIBE USING ABOVE FORMAT

DOES THE RECORD REFLECT WHAT THE EE'S ADL CAPACITY IS AND DOES IT CORRELATE TO THE SYMPTOMS AND CONDITION BEYOND 8/31/06 ? WHAT IS THE PROVIDERS ASSESSMENT OF EE'S ADL CAPACITY AFTER 8/31/06 TO CURRENT ? PROVIDER CONTACT IS RECOMMENDED TO DISCUSS THE MEDICAL AS IT RELATES TO AN ASSESSMENT OF FUNCTION,IMPAIRMENT AND R/L'S FOR THE PERIOD BEYOND 8/31/06, PROVIDER: DR DAVID BELL T# 585-765-2060

B.

C.

D.

E.

Attach Medical/Claim information here:

070313028436 0245

Metropolitan Life Insurance Company

MetLife Disability, PO Box 14582, Lexington KY 40511-4582
Fax: 1-800-230-9531**MetLife****MetLife Disability Appeal Request Form***Important: This form must be returned with a request for an appeal review.*

Claim #: 640407128904

Employee Name: JOHN MAGEE

Employer: ITT CORPORATION

Date:

Report #: 303298

3/6/07

Request for Claim Review

Instructions: This form should be submitted with any request for a review of our claim decision. You may use the space below to indicate why you believe our claim determination was incorrect. You may attach additional pages or information, if it is pertinent to your request.

- CFS is a real disease w/ Functional Capability limitations. Please see following
- Also, Dr. Bell (my ACP) will be sending in the results of more tests & his diagnosis.

Any questions, please
let me know

John Magee
(685) 624-9306

8/1/08

Consolidated Financials. Please see following
document for details on the consolidated

financials. The consolidated financials will be
provided to the Board of Directors for review
and approval.

Very truly yours,
[Signature]

[Signature]
2008-08-01